DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6320.66D
BUMED-M3M2
26 Mar 2003

BUMED INSTRUCTION 6320.66D

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: CREDENTIALS REVIEW AND PRIVILEGING PROGRAM

Ref: (a) DOD Directive 6025.13 of 20 Jul 95
(b) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manual for Hospitals (NOTAL)
(c) JCAHO Accreditation Manual for Ambulatory Care (NOTAL)
(d) BUMEDINST 6320.67A
(e) SECNAVINST 6401.2A
(f) SECNAVINST 5212.5D
(g) BUMEDINST 6010.13
(h) SECNAVINST 1920.6B
(i) CPI 752 (NOTAL)
(j) OPNAVINST 6400.1B
(k) DOD Directive 6040.37 of 9 Jul 96
(l) SECNAVINST 5720.42F
(m) SECNAVINST 5211.5D
(n) SECNAVINST 1120.6C
(o) SECNAVINST 1120.8B
(p) SECNAVINST 1120.12A
(q) SECNAVINST 1120.13A
(r) BUMEDINST 7042.1
(s) SECNAVINST 5214.2B
(t) BUMEDINST 6300.8
(u) DOD Directive 5154.24 of 3 Oct 2001
(v) BUMEDINST 6000.2D
(w) BUMEDINST 6010.17B
(x) U.S. Navy Diving Manual, volume I (NOTAL)
(y) U.S. Navy Diving Manual, volume II (NOTAL)
(z) OPNAVINST 6320.7
(aa) SECNAVINST 6320.23
(bb) CDC MMWR 40(RR08); 1-9; July 12, 1991

1. Purpose. To reissue policy and procedures for the Credentials Review and Privileging Program for the Department of the Navy (DON), per references (a) through (c) and (aa), and as part of the DON clinical quality management program. Adverse privileging actions, monitoring, and reporting of practitioner or

clinical support staff misconduct and due process (fair hearings and appeals) are in reference (d). References (e) through (z) provide additional guidance. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6320.66C.

3. Quality

a. A Navy Medical Department quality goal is "best value" in health care. Best value is defined as the highest quality of health care services delivered in a timely and economical manner. We will achieve best value through implementation of best clinical business practices.

b. Each element of best value is a result or outcome that must be measured and documented to quantify our performance and assess the effectiveness of improvement activities. Achieving best value demonstrates the Navy Medical Department is a competitive member of the health care industry and thus becomes invaluable to our patients, other customers, and stakeholders.

c. This instruction supports this system quality goal by:

(1) Ensuring the people who deliver health care in our system are properly trained, competent, and able to provide high quality health care services.

(2) Ensuring we have robust provider competency management processes in place and under continuous improvement.

4. Background. Under reference (a):

a. The Secretary of the Navy

(1) Has policy oversight of the Clinical Quality Management Program (CQMP) within DON.

(2) Recommends changes in the Military Health Services (MHS) CQMP to the Secretary of Defense through the Assistant Secretary of Defense for Health Affairs (ASD(HA)).

(3) Ensures the Chief, Bureau of Medicine and Surgery (BUMED) complies fully with reference (a).

(4) Establishes, through the Chief of Naval Operations and the Commandant of the Marine Corps, the key elements of a CQMP for those operational air, ground, and fleet clinics not accredited by a nationally recognized body such as JCAHO.

b. Health care provider credentials and privileging activities are a key element of the CQMP.

c. DOD directives, instruction, and memoranda can be found electronically on the internet at: http://www.dtic.mil/whs/directives. The office of the ASD(HA) policy documents can be found at: http://www.ha.osd.mil/policies/default.html.

5. Applicability. This instruction applies to all military (active duty and Reserve) and civilian health care practitioners and clinical support staff (as defined in section 5), who are assigned to, employed by, contracted to, or under partnership agreement with DON activities or who are enrolled in a Navy-sponsored training program.

6. Clinical Privileges. As required by JCAHO standards and directed by reference (a), Chief, BUMED serves as the governing body and is designated the corporate privileging authority for all DON practitioners. The following are designated representatives of Chief, BUMED and are authorized to grant professional staff appointments with clinical privileges:

a. The designated privileging authority for practitioners assigned to fixed medical and dental treatment facilities (MTFs/DTFs) is the commanding officer of the treatment facility. The Deputy Chief for BUMED Medical Operations Support (BUMED-M3M) and the Deputy Chief for Dental Operations Support (BUMED-M3D) are designated as the privileging authorities for practitioners who are commanding officers of fixed MTFs and DTFs, respectively. Commanding officer privilege request packages are forwarded to the Naval Healthcare Support Office (HLTHCARE SUPPO) Jacksonville, Florida, for processing.

b. The designated privileging authority for practitioners assigned to, or deployed with fleet units, is the fleet commander or his or her designee, such as the Fleet Surgeon or Force Medical Officer.

c. The designated privileging authority for all practitioners assigned to Marine Corps operational forces, including

the Functional Area Code (U) (FAC (U)) health care provider, is the Commander, U.S. Marine Corps Forces Pacific (MARFORPAC) or U.S. Marine Corps Forces Atlantic (MARFORLANT). The technical and administrative support for their subordinate commands may be consolidated at either the Marine Expeditionary Force or the Major Subordinate Command level.

d. The designated privileging authority for practitioners assigned to Headquarters, U.S. Marine Corps (HQMC), Commander MARFORPAC, and Commander MARFORLANT is the Deputy Chief for BUMED Medical Operations Support (BUMED-M3M) or the Deputy Chief for Dental Operations Support (BUMED-M3D).

e. When practitioners assigned to Fleet or HQMC request privileges at an MTF or DTF, the professional affairs department in that treatment facility will provide assistance. Privilege request packages are forwarded to HLTHCARE SUPPO Jacksonville, Florida, for processing.

f. The designated privileging authority for practitioners assigned to non-clinical billets, who are authorized by their commanding officer to seek a staff appointment with clinical privileges in an MTF or DTF, is the commanding officer of the MTF or DTF where such health care services are performed.

g. The designated privileging authority for practitioner researchers, when practice is limited to a research organization, is the commanding officer of the specific research organization. The Director of Research and Development is the privileging authority for practitioner researchers whose commands do not possess the privileging process elements and cannot fulfill the criteria specified in this instruction.

h. The designated privileging authority for Naval Reserve practitioners is the Officer in Charge (OIC), HLTHCARE SUPPO Jacksonville, Florida.

i. The designated privileging authority for practitioners assigned to the Naval Operational Medicine Institute is the commanding officer.

7. Confidentiality

a. All personnel shall comply with reference (k).

b. Credentials and privileging files may appropriately contain documents that are not medical quality assurance records such as criminal investigative reports, indictments, court-martial records, or nonjudicial punishment records. When considering written requests from regulatory or licensing agencies for copies of records that contain such documents, the procedures in reference (m) must be followed to determine the records are releasable.

c. In all disclosures, care must be taken to protect the privacy interests of other providers and the patient following the procedures in reference (l).

d. Requests by regulatory or licensing agencies for information regarding permanent adverse privileging actions or reportable misconduct must be referred to the Staff Judge Advocate to the Chief, BUMED.

8. Responsibilities

a. The Chief, BUMED is responsible for technical professional evaluation and execution of the credentials review and privileging program within the guidelines of this instruction. BUMED shall:

(1) Ensure certifications of professional qualifications required by references (n) through (q) are based on verified credentials documents, identified in the individual credentials file (ICF) and individual professional file (IPF).

(2) Establish, in coordination with chiefs of the appropriate corps and the specialty leaders, standardized clinical privilege sheets, which prescribe both core and supplemental privileges reflecting the currently recognized scope of care for each health care specialty.

(3) Ensure privileging authorities, when granting clinical privileges, confirm the practitioners requesting clinical privileges possess the required qualifying credentials and are currently competent to provide the privileges granted.

(4) Ensure commands that lack either adequate numbers of assigned professional staff or the expertise within the command to meet the requirements of this instruction receive the technical support and assistance necessary for compliance.

b. The Commander, Navy Recruiting Command (COMNAVCRUITCOM), per reference (a), shall ensure the requirements of this instruction are met by all commands under his or her cognizance.

c. The Commander, Naval Reserve Force (COMNAVRESFOR), per reference (a), shall ensure the requirements of this instruction are met by drilling health care providers in the Selected Reserve and the Individual Ready Reserve (IRR). HLTHCARE SUPPO Jacksonville will provide technical and administrative support for COMNAVRESFOR to fulfill this requirement.

d. Commanders and commanding officers of MTFs and DTFs, per reference (a), are responsible for carrying out the requirements of this instruction.

9. Fees. Responsibility for fees associated with obtaining and maintaining basic qualifying licenses or certifications lie with the practitioner. Appropriated funds may be used to pay fees, in advance, for required verifications per reference (r). Title 5, United States Code, section 5757, permits agencies to use appropriated funds or funds otherwise available to the agency to pay for expenses for employees in any federal pay system, to obtain professional credentials including expenses for professional accreditation, state-imposed and professional licenses, professional certifications, and examinations to obtain such credentials. This authority is discretionary on the part of agencies and is not an entitlement or benefit of employment.

10. Policy. The DON recognizes the importance of quality of health care services and depends on the coordinated performance of clinical and administrative processes. Total quality management in the Navy Medical Department is the primary means for ensuring health care quality. The potential consequences of unqualified or impaired health care providers or provider misconduct are so significant that complete verification of credentials and adequate control of clinical privileges are imperative. Licensure, certification, or registration is a qualification for employment and commission as a uniformed health care provider in the military health care system and is required throughout the period of employment and commission regardless of assignment, billet type, or duties and responsibilities, e.g., clinical, research, executive medicine or business administration. Since licensure, certification, or registration is an employment and commission qualification requirement, this requirement remains in effect

even if the individual moves from direct patient care into a non-clinical assignment or duties. DOD policy, reference (a), states all licensed, independent health care practitioners shall be subject to credentials review and shall be granted a professional staff appointment with delineated clinical privileges by a designated privileging authority before providing care independently. Per reference (e), to be eligible for a professional staff appointment with clinical privileges, practitioners must possess a current, valid, unrestricted license, certificate, or exemption, or be specifically authorized to practice independently without a license, certificate, or exemption.

a. Privileging authorities must measure and periodically assess (at intervals not to exceed 2 years) the clinical performance and conduct of all assigned health care providers following this instruction.

b. Privileging authorities must maintain an ICF on all health care practitioners, whether holding a staff appointment with privileges, practicing under a plan of supervision, or enrolled in full-time inservice training, and an IPF on all clinical support staff per this instruction. Additionally, commanding officers of fixed MTFs and DTFs must maintain ICFs and IPFs on health care providers who are assigned to other activities in which there are no designated privileging authorities, as designated by the Chief, BUMED. Disposition of ICFs and IPFs shall follow reference (f) and this instruction. Commanding officers must ensure information contained in the ICFs and IPFs are monitored, continually updated, and reported to the DON Centralized Credentials Quality Assurance System (CCQAS) quarterly, by the first workday of each quarter. When all DON privileging authorities are using the web based CCQAS Program, this quarterly requirement will be deleted.

c. Privileging authorities must maintain a mechanism, separate and distinct from the ICF, containing practitioner specific information generated through the organization's quality management activities. The performance appraisal report (PAR) must include reflected workload (productivity), peer review, outcome indicators, and medical staff quality management activities for all health care practitioners providing direct patient care services (see Appendix A).

d. Privileging authorities shall grant clinical privileges to health care practitioners using standardized, specialty specific privilege sheets contained in this instruction. These privilege sheets reflect the currently recognized scope of care appropriate to each health care specialty. Commanding officers shall ensure health care practitioners provide care consistent with their approved clinical privileges.

e. Commanding officers will ensure that eligible health care practitioners, upon reporting for clinical duty, request the broadest scope of core and supplemental privileges commensurate with their level of professional qualification, current competence, and the ability of the facility to support the privileges requested. Physicians assigned as commanding officers or executive officers, whose credentials and current competence support clinical practice, may apply for primary care medical officer privileges regardless of prior privileges held. Such application offers maximum flexibility for commanding officers and executive officers who desire to maintain clinical expertise while fulfilling their primary duties. Eligible health care practitioners may hold more than one set of privileges if they meet the above requirements. Those who do not maintain required qualifications or do not request such privileges are subject to: (1) separation for cause under reference (h) for military personnel, or (2) administrative action including termination of employment under reference (i) for civilian employees. Commanding officers will ensure practitioners conform to this guidance, initiate timely administrative action when required and provide practitioners the resources and training necessary to meet their prescribed responsibilities.

f. Commanding officers will assign clinical support staff clinical responsibilities commensurate with their health status, licensure or certification, education and training, and current competence. Clinical support staff who do not maintain required qualifications or current competence are subject to processing for separation for cause under reference (h) for military personnel, or administrative action to include termination of employment for civilian employees per reference (i).

g. Interns will not be granted clinical privileges. Health care practitioners enrolled in residency or fellowship programs will not be granted clinical privileges in their training

specialty but may apply for and be granted clinical privileges in a health care specialty in which they are fully qualified. Granting staff appointments with clinical privileges to residents and fellows should be the exception rather than the rule, have minimal impact upon the training program, and be considered only to maintain clinical competence or meet a mission-essential requirement as determined by the unit commander. DON treatment facilities may employ and grant staff appointments with clinical privileges to civilian practitioners who are currently enrolled in graduate medical education (GME) programs only if the practitioner meets all the following criteria:

(1) Completed all clinical requirements of the current program.

(2) Current training program responsibilities are limited to research activities.

(3) Seeking employment to maintain their clinical skills.

(4) Has written approval to be employed from the training program director.

h. Privileging authorities will assign non-trainee practitioners, who fail to qualify for clinical privileges and are required to practice under supervision, duties commensurate with their health status, licensure or certification, education and training, and current competence.

i. Practitioners not qualified for clinical privileges 1 year after completion of training may be processed for separation for cause under reference (h) for military personnel, for administrative action including termination of employment under reference (i) for civilian employees, or under the terms of their contract or agreement for contract or partnership practitioners.

j. Health care practitioners who have a potentially infectious disease or who are undergoing treatment or evaluation for a temporary medical condition that may impact their ability to provide safe patient care, and the condition does not require a medical board, will be temporarily reassigned to nondirect patient care activities. This administrative reassignment is not an adverse action.

(1) The limitation of privileges of a practitioner infected with the human immunodeficiency virus (HIV), solely based upon a risk of disease transmission to a patient, is considered administrative and is not an adverse privileging action. (Example: An HIV-infected surgeon who is outwardly healthy, but who is restricted from performing exposure-prone invasive surgical procedures due to a risk of provider-to-patient HIV transmission.)

(2) The limitation or revocation of privileges of a practitioner infected with the HIV virus as a result of medical impairment caused by acquired immune deficiency syndrome (AIDS) is considered an adverse privileging action. (Example: An HIV-infected provider who has become physically debilitated to the point he or she can no longer practice.)

k. Before allowing a practitioner infected with the HIV virus, or similar communicable life-threatening infectious disease, to perform an exposure-prone invasive procedure, a privileging authority must evaluate each individual case using current Centers for Disease Control (CDC) guidelines contained in reference (bb). At a minimum, an expert review panel should advise the privileging authority under which circumstances, if any, the provider may perform exposure-prone invasive procedures. Preparation for these procedures must include notifying prospective patients of the practitioner's seropositive status.

l. Health care providers whose professional impairment or misconduct may adversely affect their ability to provide safe, quality patient care must be immediately removed from direct patient care activities under the provisions of reference (d).

m. Impaired providers, as defined in section 5, paragraph 14, must have their clinical practice reviewed by the Executive Committee of the Medical Staff (ECOMS), Executive Committee of the Dental Staff (ECODS), or directorate, as applicable.

n. Independent Duty Corpsmen (IDC), diving officers, master divers, diving supervisors, and deep sea diving medical technicians, who by skill designation or job classification and current competence are qualified to provide health care services, but who are not health care providers as defined in section 5, paragraph 12, are authorized to provide care as outlined in references (j), (x), and (y). The above are not eligible to participate in the privileging process, but may provide services only under supervision.

o. Privileging authorities must investigate, without delay, allegations of health care provider impairment (physical, mental, or professional), misconduct, substandard performance, or moral or professional dereliction, including reportable misconduct, per references (a) and (d).

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Available at: http://navymedicine/instructions/directives/default.asp

## Table of Contents

# SECTION 1

## ROLES AND RESPONSIBILITIES

1. General. The corporate responsibility of the Chief, BUMED to establish direction for the DON multi-institutional system in maintaining an effective credentials review and privileging program is consistent with the responsibilities exercised by civilian health care governing bodies. The commanders and commanding officers of MTFs/DTFs, and Commanders of the Operating Forces serve as extensions of BUMED, functioning as regional governing bodies for treatment facilities and operational medical units under their cognizance.

2. JCAHO Requirements. This instruction complies with the governing body and medical staff standards of references (b) and (c).

3. Credentials Review and Privileging Program. All DON organizations providing health care shall establish a credentials review and privileging program per this instruction.

4. Commanders and Commanding Officers

a. Per references (a) and (z), privileging authorities and senior medical department representatives shall exercise the necessary controls considered prudent and reasonable to ensure:

(1) Health care practitioners are appropriately granted staff appointments with clinical privileges.

(2) The quality of health care provided by privileged practitioners and clinical support staff is measured, assessed, and maintained at the highest level.

(3) Health care practitioners practice within the scope of their approved clinical privileges.

(4) Non-privileged practitioners and clinical support staff are qualified to perform assigned duties.

(5) Non-privileged practitioners are appropriately supervised.

(6) Establish mechanisms to ensure all health care providers meet the licensure, certification or registration requirement regardless of assignment, billet type or duties and responsibilities.

b. Though compliance is recommended, commanders and commanding officers may encounter circumstances that, in their judgment, require deviation from this instruction. In those cases the following guidance is offered:

(1) Have a sound, supportable reason for the deviation.

(2) Document rationale for the deviation.

(3) Ensure the quality of care delivered to the patient is not compromised.

(4) Notify the Deputy Chief, Medical Operations Support, BUMED, of the deviation and any other policy impact that may constrain the overall mission.

5. The Deputy Chief, Medical Operations Support

a. Has responsibility for administration and technical oversight of the credentials review and privileging program.

b. Serves as the privileging authority for Navy Medical Department practitioners, except dentists, who are commanding officers of fixed MTFs and HQMC practitioners.

c. Provides coordinating action to HLTHCARE SUPPO Jacksonville on staff appointments with clinical privileges for Medical Department officers who are commanding officers of MTFs.

d. Develops and maintains instructions implementing the DON credentials review and privileging program.

e. Provides policy support and assistance regarding credentials review and privileging.

f. Maintains liaison with external agencies, including DOD, other services, and civilian bodies.

g. Assigns MTFs/DTFs ICF and IPF maintenance responsibilities for health care providers assigned to activities without professional affairs support capability or outside the DON.

h. Assigns MTFs/DTFs to provide technical assistance for commands without adequate medical or dental staff available to advise the privileging authority.

7. The Deputy Chief, Education and Training

a. Ensures the completeness of the credentials information required, as listed in Appendix B, by the Commander, Navy Recruiting Command.

b. Ensures pre-established professional competency criteria are developed and used by the applicable professional review board in the selection of new accessions as required by references (n) through (q).

8. The Deputy Chief, Dental Operations Support

a. Serves as the privileging authority for Dental Corps practitioners who are commanding officers of dental battalions (DENBN) and Navy dental centers.

b. Provides coordinating action to HLTHCARE SUPPO Jacksonville on staff appointments with clinical privileges for Dental Corps officers who are commanding officers of fixed MTF/DTFs.

9. Assistant Chief for Reserve Affairs. Provides coordinating action between HLTHCARE SUPPO Jacksonville and the Centralized Credentials Review and Privileging Department (CCPD) for Naval Reserves assigned to perform active duty for special work (ADSW) to provide health care services. When orders are cut, the CCPD shall forward an Interfacility Credentials Transfer and Privileging Brief (ICTB) to the gaining command and informing the Deputy Chief, Reserve Affairs, under separate cover (message, fax, e-mail or speed letter).

10. The Staff Judge Advocate to the Chief, BUMED

a. Provides oversight and guidance on medico-legal aspects of the credentials review and privileging program with an emphasis on adverse privileging actions per reference (d).

b. Develops and maintains instructions implementing the DON program for monitoring and reporting adverse privileging actions, incidents of reportable misconduct, and separation or termination of employment due to disability of health care providers.

11. Office of the Medical Inspector General. Provides oversight of the credentials review and privileging program, identifies areas that need policy development and identifies undesirable or unintended policy constraints through the inspection process.

12. Fleet Commanders (previously CINCs) and Commanders, Marine Operational Forces

a. Per references (a) and (z) and this instruction, operational commanders shall develop and implement a credentials review and privileging program and ensure compliance by their subordinate commands. Commanders may consolidate the technical and administrative support for subordinate commands, and elect to have a fleet-wide coordinated credentials review and privileging program to meet operational needs.

b. Ensure compliance with the credentials review and privileging program by all subordinate commands.

c. Aid effective implementation through education and technical assistance.

13. HLTHCARE SUPPO Jacksonville

a. Acts as the centralized credentials review and privileging authority for Naval Reserve health care practitioners and maintains Reserve ICFs and IPFs.

b. Coordinates and monitors implementation of the Centralized Credentials Review and Clinical Privileging Program and associated processes for licensed or certified active duty, Selected Reserve, and civilian health care providers within the Navy Medical Department.

c. Provides technical support on credentials review and privileging matters.

d. Implements and maintains the CCQAS database of DON health care providers.

e. Completes National Practitioner Data Bank (NPDB) query on appropriate practitioners upon initial appointment and/or the granting of clinical privileges, at the 2-year reappointment, or more frequently if indicated.

f. Maintains ICFs or IPFs of providers transferring to non-clinical billets or administrative duties when their commanding officer is not a privileging authority and they are not going to request privileges locally.

g. Provides coordination and training for professional affairs coordinators (PAC) to include assistance and guidance associated with the use of current and future program procedures and technology.

h. Maintains liaison with external agencies, including DOD, other services, and civilian institutions regarding credentials and privileging program process issues.

i. Monitors and reports on the medical readiness for all DON active duty and Selected Reserves through the CCQAS database.

14. Commanding Officers of Authorized Claimancy 18 Activities

a. Serve as the privileging authority for health care practitioners under their cognizance.

b. Issue local implementing directives. Branch facilities are not expected to have a separate credentials review and privileging program but are to participate in the parent command's program. A sample format is included as Appendix C.

c. Establish mechanisms to ensure individual practitioners function within the scope of clinical privileges granted.

15. Commanding Officers of the Naval Medical Research and Development Laboratories

a. Serve as the privileging authorities for practitioner researchers when practice is limited to the research organization.

b. Per reference (a) establish a credentials review and clinical privileging process

16. ECOMS/ECODS

a. Per references (b), (c), (g), and (w) ECOMS and ECODS are required for medical and dental commands, respectively. All other privileging authorities must also provide a mechanism for medical or dental staff involvement in the credentials review and privileging process. This function shall be performed by a body of providers appointed by the privileging authorities designated in paragraph six of the basic instruction from among the privileged licensed independent practitioners under their cognizance.

b. If the professional staff includes non-physicians or non-dentists, representation on the committee from among these practitioners is recommended, especially when matters concerning their peers are under consideration.

c. The chairperson must be a senior member of the professional staff.

d. For small commands, including the operational forces, the professional staff as a whole may serve as and fulfill the functions of the ECOMS and ECODS. This instruction recognizes clearly there are alternative methods of organizing management of operational medical departments to meet operational requirements.

e. All members of the medical staff are eligible for appointment or election to the ECOMS/ECODS. A medical staff member actively practicing cannot be considered ineligible based solely on the professional specialty or discipline. Committee membership includes representation from branch clinics and clinical directorates, as applicable and feasible.

f. ECOMS/ECODS functions:

(1) Oversees the credentials review and privileging process.

(2) Reviews and endorses applications for professional staff membership with clinical privileges.

(3) Considers input from all sources, including peer review, concerning the appropriateness of clinical privileges requested by health care practitioners.

(4) Recommends to the privileging authority specialty and facility-specific criteria for staff appointments with clinical privileges.

(5) Documents committee actions by preparing and maintaining minutes that include, but are not limited to:

(a) Convening of meetings.

(b) Meeting attendance.

(c) Recommendations and justification regarding credentials review and privileging actions.

(d) Rationale to support recommendations regarding deviations from this instruction as addressed in paragraph four of this section.

(6) Oversees the completion and submission of Appendix A.

(7) Seeks amplification, clarification, and makes recommendations to the privileging authority regarding practitioner professional performance when there is reason to believe the practitioner is not performing within his/her delineated clinical privileges, not abiding by the policies, procedures and bylaws per reference (w), or not practicing within acceptable standards of care.

(8) Ensures professional staff monitoring is performed following references (a), (b), (c) and (g).

(9) Assists in developing, reviewing, and recommending actions on policies and procedures for providing health care services.

(10) Ensures clinical competence.

17. Credentials Committee

a. In facilities where workload dictates, the commanding officer may delegate credentials review and privileging functions listed in paragraphs (1) 16f(1) through (4) in this section to a separate Credentials Committee, to serve as a subcommittee of the ECOMS or ECODS. The ECOMS or ECODS retains responsibility for oversight and endorsement of the activities of the Credentials Committee.

b. The Credentials Committee membership shall be as follows:

(1) The chairperson is chosen from among the membership of the ECOMS or ECODS and appointed by the privileging authority.

(2) Members are nominated by the ECOMS or ECODS and appointed by the privileging authority.

(3) Only privileged licensed independent practitioners permanently assigned to the command shall be appointed with the following exception: Inactive Naval Reserve and non-physician and non-dentist health care practitioners who have staff appointments at the command are eligible for appointment to the committee to assist in the credentials review and privileging process of their peers. Document all committee actions per paragraph 16f(5) in this section.

18. Professional Affairs Coordinators

a. Are assigned on a permanent or collateral duty basis depending on the workload of the facility.

b. As the technical experts on credentials and privileging issues, render administrative and clerical assistance to the ECOMS or ECODS and the Credentials Committee, as applicable. Advise the governing body and leadership on credentials and privileging matters. Large treatment facilities are expected to augment the PAC with clerical assistance and professional staff support necessary to comply with program requirements.

c. Maintain ICFs and IPFs, program directives, instructions, forms, Credentials Committee minutes and working papers.

d. Interface with outside agencies to obtain required reports, e.g., NPDB queries.

e. Assist in the preparation of committee minutes, processing of privilege and staff appointment application and notification letters and privilege reappraisal documents, verifying credentials information, maintaining documentation of trends based on quality management activities, and preparing peer review panel and appeal process documents.

f. Ensure necessary correspondence, messages and reports received and transmitted are complete, accurate, and meet the requirements of this instruction.

g. Maintain a tracking system for the internal processing of documents relating to credentials review, staff appointment, and clinical privileges status.

h. Assist in the preparation and annual review of facility-specific departmental criteria with appropriate department heads, thus ensuring criteria are appropriate to support the granting of clinical privileges.

i. Submit required information on credentials and privileging to the HLTHCARE SUPPO Jacksonville.

j. Monitor and track licensure, certification, and registration status for all uniformed health care providers regardless of assignment, billet type, or duties and responsibilities, e.g., clinical, research, executive medicine or business administration.

19. Clinical Directors

a. Monitor the credentials review and privileging process within their directorates.

b. Assume department head credentials and privileging responsibilities when their department heads' staff appointments with delineated clinical privileges are being initially granted, renewed or appraised.

20. Department Heads

a. Provide continuing surveillance of the professional performance, conduct, and health status of department staff members to ensure they provide health care services consistent with clinical privileges and responsibilities. They shall also ensure non-privileged practitioners, clinical support staff, and other personnel providing health care services in the department are under appropriate clinical supervision.

b. Maintain copies of approved staff appointments with delineated clinical privileges on practitioners assigned to their departments. For non-trainee, non-privileged practitioners

practicing under supervision (e.g., clinical psychologists and social workers who have not fulfilled clinical hours required for degree), the plan of supervision shall be maintained in the department file as well as in the ICF.

c. Recommend departmental, specialty, and facility-specific criteria for:

(1) Initial staff appointment with clinical privileges.

(2) Active staff appointment with clinical privileges.

(3) Active staff reappointment, affiliation, or temporary appointments with clinical privileges.

d. Make recommendations for staff appointment with delineated clinical privileges based on the applicant's professional qualifications, ability to perform (health status), current competence, verified licensure, education and training, and NPDB query.

e. Use practitioner-specific results of quality management and risk management monitoring activities when making recommendations for professional staff appointments with clinical privileges.

f. Monitor quality management, and medical staff activities for individuals assigned to their department, using information received from command's information management system, to complete Appendix A, (PAR) as described in section two.

21. Individual Health Care Providers

a. Practitioners must initiate an application for membership to the professional staff and request the broadest scope of privileges commensurate with their professional qualifications, level of current competence, and the facility’s ability to support them. Those who fail to maintain qualifications or do not request such privileges are subject to processing for separation for cause under reference (h) for military personnel, or to administrative action including termination of employment under reference (i) for civilian personnel.

b. Practitioners of the MTF or DTF must comply with applicable professional staff policies, procedures and bylaws per reference (w).

c. Providers are responsible for ensuring the accuracy and currency of all credentials and privileging information reflected in his/her ICF or IPF, e.g., licensure status, board certification and privilege status at other facilities.

d. Providers must immediately inform the holder of their ICF or IPF of any change in status of any professional qualification, including health status, which could impair their ability to provide safe, competent, authorized health care services.

e. Providers must perform health care services within the scope of either the privileges granted by the privileging authority, the assigned clinical responsibilities in the case of clinical support staff, or the written plan of supervision for those practitioners required to practice under supervision.

f. Providers must participate in professional education programs leading to improved clinical performance and contingency preparedness.

g. Providers must actively support and participate in the facility quality management activities.

SECTION 2

PROCEDURES AND REQUIREMENTS FOR AUTHORIZING, DEFINING, AND APPRAISING THE SCOPES OF CARE PROVIDED BY HEALTH CARE PRACTITIONERS

1. General. All health care provided by health care practitioners must be specifically authorized and periodically appraised. Privileging authorities must not permit practitioners to diagnose, initiate, alter, or terminate regimens of health care, independently or under supervision, except as provided for in this instruction.

a. The authority for practitioners to independently diagnose, initiate, alter, or terminate regimens of health care is conveyed only through the issuance of professional staff appointments, i.e., appointment or reappointment to the medical or dental staff. A professional staff appointment requires the practitioner to adhere to the professional staff policies, procedures, and bylaws of the facility, per reference (w), and the code of professional ethics of their profession. Professional staff appointments must be accompanied by delineated clinical privileges defining the scope and limits of practice authorized. The procedures and requirements of this section are intended to comply with the intent of the standards for professional staff appointments of the JCAHO, references (b) and (c).

(1) The privileged practitioners at an MTF/DTF constitute the professional staff and are defined as the medical or dental staff, respectively. Professional staff appointments will be referred to as medical staff appointments or dental staff appointments as applicable to the treatment facility, e.g., a dentist appointed to the professional staff of an MTF is granted a medical staff appointment.

(2) The medical or dental staff appointment type reflects the relationship of the provider to the medical or dental staff. A professional staff appointment may not be granted in the absence of the granting of clinical privileges.

(3) Professional staff appointments with clinical privileges may only be granted or renewed by the privileging authorities designated in this instruction. Privileging authorities will grant professional staff appointments with

clinical privileges to practitioners only after consideration of the practitioner's verified license status, current competence, professional education and training, past professional performance, ability to perform and results of the NPDB queries. Periods of clinical inactivity greater than 2 years constitute evidence of a lack of current competence unless information to the contrary is provided. The ability or capacity of the MTF or DTF to support the clinical privileges requested and the health care demands placed on the treatment facility must also be considered when granting or renewing professional staff appointments.

(4) Practitioner eligibility for professional staff appointment and reappointment with clinical privileges is based on the practitioner meeting predetermined department, specialty, and facility-specific criteria developed by the department head, endorsed by the ECOMS or ECODS, and approved by the privileging authority.

(5) Professional staff appointments terminate upon the practitioner's detachment from the command due to permanent change of station (PCS), release from active duty, termination of employment or contractual agreement, facility closure or retirement.

(6) Detailed procedures for adverse termination of professional staff appointments, suspension, denial, reduction, or revocation of clinical privileges due to substandard care or misconduct are described in reference (d).

(7) Care must be taken to ensure initial and active staff appointments are not allowed to lapse. Should this occur, the privileging authority must prepare a letter to the practitioner, with a copy filed in the ICF, addressing:

(a) Inclusive dates of the lapse.

(b) Administrative, non-adverse nature of the lapse. If the lapse is noted during application processing, address the lapse in the comment section of the privileging authority's endorsement on the application.

b. Providers in full-time in-service training programs providing health care services, must be appropriately supervised by a licensed independent practitioner granted appropriate

clinical privileges. Written descriptions of the role, responsibilities, and scope of practice for providers enrolled in in-service training programs must be defined for each trainee-year level by program directors at each MTF/DTF, using criteria endorsed by the executive committee for graduate medical education and approved by the commanding officer. The criteria used must specifically address the treatment facility, training program, year level, scope of care, evaluation criteria, frequency of evaluations, and supervision of the practitioner trainees. MTF/DTF policies must delineate those trainees enrolled in the in-service training program who may write patient care orders, the circumstances under which they may do so, and what entries, if any, must be countersigned by a clinical supervisor.

c. The provision of health care by nonprivileged, nontrainee practitioners must be authorized and defined by a command-approved plan of supervision, specific to the practitioner, that contains the following elements:

(1) Scope of care permitted.

(2) Level of supervision, as defined in section five, to be imposed. The level of supervision imposed is the prerogative of the practitioner's commanding officer or officer in charge, unless that authority is specifically delegated to the department head by the commanding officer or officer in charge.

(3) Identification of supervisor.

(4) Evaluation criteria.

(5) Frequency of evaluations.

d. Practitioners who have been clinically inactive for more than 2 years are, in due consideration for patient safety, presumed not currently competent and must undergo a period of practice under supervision. Practice must comply with the provisions of paragraph 1c above. A practitioner who has practiced under a plan of supervision, and otherwise meets the criteria for an active staff appointment, may be granted an active staff appointment without first receiving an initial staff appointment.

e. Once granted an initial, active, or affiliate staff appointment with clinical privileges by a privileging authority designated in this instruction, a practitioner is eligible to provide health care services at all other DON treatment facilities using the ICTB. Compliance with this instruction results in each practitioner having a single privileging authority.

2. Clinical Privileges

a. Clinical privileges define the limits of patient care services a practitioner may render. Privileges may be granted with or without an accompanying appointment to the medical staff. Except as noted below, clinical privileges are delineated using the clinical privilege sheets in Appendices E through H. Practitioners apply for privileges using the privilege sheets applicable to their basic specialty, e.g., neurosurgeons use the neurosurgery privilege sheets, general dentists use the general dentistry privilege sheets and general surgeons use the general surgery privilege sheets. Practitioners who are fully trained in more than one specialty, e.g., sub-specialists or dual-trained individuals, are eligible to apply for privileges using all applicable privilege sheets. Practitioners applying for privileges under a contract or partnership agreement, to perform health care services in only one department, are granted privileges consistent with their current competence, license status, education and training, ability to perform, the scope of care provided in the department, and the scope of care delineated in the contract or agreement. For example, a general surgeon also qualified as a primary care physician, who is contracted to perform health care services only in an emergency room, should seek and normally be granted primary care privileges only. Additional emergency medicine privileges, with current competency, can be either itemized or added as supplemental to the primary care core list.

b. The DOD-issued policy guidelines regarding privilege categories: Regular privileges--grant permission to independently provide medical care for a period not to exceed 24 months; temporary privileges--time limited, infrequent, granted for a pressing patient need; and, supervised privileges (plan of supervision)--granted to non-licensed or non-certified providers who cannot practice independently. Note: Command consultant privileges or consultant privileges are not granted within the DOD policy guidelines for medical staff appointments and privileges.

c. Each of the specialty-specific privilege sheets in Appendices E through H contains two categories of privileges, core and supplemental.

(1) Core privileges constitute the expected baseline scope of care for a fully trained and currently competent practitioner of a specific health care specialty. These privileges must be applied for and granted as a single entity. Because they constitute a baseline scope of care, not all core privileges are required or expected to be exercised at all times in every facility. Privileges per references (b) and (c) must be relevant to a given facility. Privileging authorities must inform practitioners in a timely manner of any facility-specific policies or procedure restrictions that preclude providing the health care services defined by core privileges. These facility privilege restrictions (limitations) are annotated by two asterisks (**) on the core privilege sheet. The asterisks denote the facility cannot support that skill. The core privilege sheets are not to be modified locally. Changes to the core privilege sheets can be made only by the Chief, BUMED, following review by the appropriate specialty leader and chief of the appropriate corps. Criteria, including education and training requirements, for the granting of core privileges are contained in Appendices E through H.

(2) Supplemental privileges are itemized, facility-specific privileges that are relevant to the specific health care specialty, but lie outside the core scope of care due to the level of risk, the requirement for unique facility support staff or equipment, or level of technical sophistication. Supplemental privileges may be requested and granted on an item-by-item basis. The provider must write “yes” or “no” by each supplemental privilege on the privilege sheet using predetermined department, specialty-specific criteria. These criteria must be developed by the department, endorsed by the ECOMS or ECODS, and approved by the privileging authority. The supplemental privilege lists may be modified locally to reflect the scope of care the facility can support and expects to provide.

(3) In instances where the expected scope of care is very limited or significantly less than the full core privileges level such as, facility limitations for specified contract needs, or when there is reason to believe the applicant for privileges may not be qualified for the full core, privileges applied for and

granted may be delineated through the use of a locally-generated, itemized listing of diagnostic and treatment nature and thus are not transferable within the DON health care system. Such itemized privileges are not corporate in system. The granting of staff appointments with itemized delineated privileges (less than the core privileges) should be for positions or contracts that specifically call for very narrow scopes of care. Examples of situations where using itemized listings to delineate where clinical privileges may be appropriate include, but are not limited to:

(a) When uniformed practitioners, whose previous privileges were less than the core for their specialty, report for duty, e.g., following an adverse action.

(b) When granting a practitioner a very limited scope of care, e.g., contract or civilian practitioners whose contracts or position descriptions define a scope of care significantly less than the applicable core.

(c) When privileging foreign national local hire (FNLH) practitioners as described below.

d. FNLH practitioners may apply for and be granted medical or dental staff appointments with clinical privileges if they possess a current, valid, unrestricted license (or the equivalent) to practice their specialty granted by the country in which the MTF or DTF is located. The staff appointments with clinical privileges granted to FNLH practitioners are specific to the local granting facility and are not corporate in nature, i.e., they cannot be used to practice at other DON treatment facilities. This limitation is not intended to reflect adversely on the competency of FNLH practitioners, however, the requirements of the status of forces agreements preclude imposing additional privileging requirements on FNLH practitioners.

e. Canadian practitioners who have graduated from an accredited Canadian medical school, and hold a Licentiate of the Medical Council of Canada, are accepted as equivalent to the Accreditation Council for Graduate Medical Education accredited graduate trained in a U.S. hospital. The Commission on Accreditation of Dental and Auxiliary Educational Programs of the American Dental Association accepts graduates of a dental

school accredited by the Commission on Dental Accreditation of Canada of the Canadian Dental Association, as equivalent to accreditation. They may apply for and be granted core or supplemental privileges upon receipt of a State license.

f. Practitioners, to the degree permitted by their license, training, the law, or DON rules and regulations, are authorized and expected to render such care as is necessary to save the life or protect the welfare of individuals in an emergency situation. Accordingly, emergency privileges are automatically awarded to practitioners by virtue of their staff appointment, negating the need for individual or specific delineation of emergency privileges. The provision of this paragraph does not negate the requirement for practitioners assigned to provide emergency care services to hold appropriate clinical privileges or be appropriately supervised if practicing under supervision.

3. Application for Initial Appointment with Clinical Privileges

a. Whenever practitioners apply for a staff appointment with clinical privileges they must be briefed on the local credentials review and privileging program by the prospective department head. The PAC provides the applicant with a staff appointment and clinical privileges application package, including at a minimum, a personal and professional information sheet (PPIS), Appendix J, an application for staff appointment with clinical privileges, Appendix K, and the applicable privilege sheets. The applicant is provided copies of, or access to, and agrees in writing to abide by the local credentials review and privileging directive, the professional staff policies, procedures, and bylaws per reference (w), and if applicable, a code of ethics. The code of ethics may be included as a component of the staff policies and procedures. The applicant shall submit a signed statement pledging to ensure or provide for continuous care of his/her patients.

b. Applicants for initial staff appointment (their first application within the Navy health care system) must complete each section of the PPIS, Appendix J, at the time of application. If a section is not applicable, enter N/A. The PPIS must identify the treatment facility and must be signed and dated by the practitioner.

c. Applicants request delineated clinical privileges using the applicable privilege sheets with the assistance of their department head; the department head shall be guided by the

predetermined specialty-specific criteria. Requested privileges, modified and granted to meet and conform to the specific health care delivery demands and capabilities of the facility, are not to be construed as adverse as defined in reference (d).

(1) For practitioners reporting from DON treatment facilities, the applicant's detaching PAR, (Appendix A) serves as a letter of reference from and evidence of demonstrated competence at the detaching treatment facility.

(2) For new accessions, recalls to active duty, inter-service transfers, Navy Active Duty Delay Specialists (NADDS) and Full-Time Outservice (FTOS) trainee practitioners, the application information is compared to the credentials information forwarded by BUMED.

(3) All Selected Reserve practitioners, including direct accessions, shall apply to the CCPD, HLTHCARE SUPPO Jacksonville for an initial staff appointment with clinical privileges.

(4) For civil service, contract, and partnership practitioners entering the DON system, the application information is compared to the complete, verified credentials information obtained for inclusion in the practitioner's ICF, before employment or contracting.

(5) Appendix O provides a sample format for requesting information required to ascertain the current competence of applicants from agencies or treatment facilities outside the DON system.

d. References (a) through (c) require the health status of applicants for staff appointments are considered at the time of appointment to determine if any contraindications exist. The department head must document the physical and mental health status of the applicant was considered during the application process as part of his/her endorsement for staff appointment. A physician, e.g., department head, or appropriate licensed independent practitioner, will confirm the applicant’s statement of the ability to perform privileges requested, on page K-3 of Appendix K, Sample Application for Professional Staff Appointment with Clinical Privileges, below the applicant’s signature.

e. The PAC and the department head compare the information provided through the application process with the applicant's ICF or the ICTB, confirming the presence and verification of all required documentation. It is the provider's responsibility to provide the appropriate documentation to clarify or remove any credentials discrepancies, i.e., red-flags. All documentation discrepancies require satisfactory resolution. The medical staff will not act on an application that is not complete. Incomplete applications shall not qualify for an appointment recommendation, regardless of any assessment or determination that may have been made as to its completeness at an earlier stage in the process. If the applicant does not have a Navy ICF, one must be generated per section four. Health status consideration by the department head and other parties may be accomplished through a variety of means, including, but not limited to, review of:

(1) A statement from the applicant's physician or a report of a physical examination indicating the applicant is free of mental or physical impairments.

(2) The applicant's statements regarding health status on the application for privileges and the PPIS, including updates.

(3) The PARs from previous commands.

(4) Responses to requests for credentials and privileging information from institutions or agencies external to the current treatment facility.

4. Granting of Initial Staff Appointments

a. Practitioners applying for staff appointment and clinical privileges who are new to the Navy health care system or who, although clinically active elsewhere, have not held an active staff appointment, granted under the provisions of this instruction within the last 2 years, must first be granted an initial staff appointment. The initial staff appointment period is intended to provide an opportunity for the practitioner to demonstrate to the privileging authority an understanding of and compliance with the facility's policies, procedures, and bylaws. Practitioners who have been clinically inactive for more than 2 years, per reference (w), and demonstrate current clinical competence are, due to consideration for patient safety, presumed not currently competent and must undergo a period of

practice in the requested clinical privileges as compared against predetermined department and facility-specific criteria. Practice under supervision is to be guided by a written plan, described in paragraph 1 of section two. A practitioner who has practiced under a plan of supervision, and otherwise meets the criteria, may be granted an active staff appointment without first receiving an initial one.

b. The privileging authority grants initial staff appointments with clinical privileges:

(1) After review of the applicant's credentials (professional education and training, license status and history, consideration of health status, NPDB query, and current clinical competence) has been completed. There will be credentials that cannot be primary source verified due to medical school closures, destruction of documents, etc. In these cases, every attempt must be made to primary source verify the credential. If unable to verify, a memo must be placed in the ICF, where the document is or would have been, with all appropriate information, i.e., person or organization contacted with their title, date, telephone number, reason credential cannot be verified, and any additional information. At this point the ICF is considered complete, with regard to this information, and may be forwarded for action.

(2) After applicable department head endorsement of the practitioner's application for staff appointment with delineated clinical privileges, the privileging authority may require additional endorsements.

(3) For a period not to exceed 1 year.

(4) In writing. A sample format is provided in Appendix K. The appointment is effected when the privileging authority checks the approval block and signs and dates the endorsement page of the application. A separate appointment letter is neither required nor recommended.

c. After the practitioner has been granted an appointment, upon receipt of orders indicating imminent deployment, the PAC shall prepare an ICTB generated from the centralized computer database, and forward it to the contingency assignment. A copy of the current ICTB shall be maintained in section two of the ICF.

d. The privileging authority must assign a proctor, usually the department head, to monitor the professional conduct and clinical performance of each practitioner with an initial staff appointment. The proctor assists the department head in the preparation of the PAR, Appendix A, before the expiration of the initial staff appointment. The proctor's monitoring activities vary with the scope of privileges granted and may include, but are not limited to:

(1) Review of ongoing monitoring and evaluation activities conducted as part of the facility's quality management program.

(2) Additional record reviews above and beyond the scope of ongoing monitoring and evaluation activities.

(3) Direct or indirect observation.

e. When, as determined by the practitioner's department head, the provider has demonstrated clinical competence and compliance with the policies, procedures, and bylaws per reference (w), and has met the applicable criteria for staff appointment and clinical privileges, the department head forwards a completed, endorsed PAR. The PAR is forwarded with the application for active staff appointment with clinical privileges at least 60 days before the expiration of the initial staff appointment.

f. For practitioners not assigned, employed, or contracted to an MTF or DTF full-time, it may be difficult to satisfy the clinical workload criteria required to qualify for an active staff appointment. In cases where the practitioner is providing health care at civilian treatment facilities during the initial appointment period, it is both appropriate and recommended to solicit and consider clinical performance information from these other facilities in determining current clinical competence, using a format similar to Appendix O.

g. The practitioner is not required to complete the entire initial appointment period if demonstrated competence justifies an earlier active staff appointment. The practitioner, in consultation with the department head, must submit an application for active staff appointment, Appendix K, when the criteria for clinical privileging and active staff appointment are met.

h. The initial staff appointment period is a period of independent practice, not a period of practice under supervision. However, the degree and intensity of surveillance, monitoring, and oversight required during the initial appointment period is required to ensure patient safety while evaluating the practitioner's current clinical competence. Activities designed to ensure patient safety while evaluating the practitioner's competence are not to be construed as adverse privilege actions.

5. Granting of Active Staff Appointments

a. Active staff appointments are granted under one of three circumstances:

(1) After an initial appointment period, requiring endorsement by at least the department head, ECOMS or ECODS, and the privileging authority.

(2) After a period of practice under a plan of supervision during which all of the pre-established criteria for an initial staff appointment have been met.

(3) Upon reporting to a new assignment after having held an active staff appointment within the previous 2 years at another Navy medical or dental treatment facility, requiring the endorsement of only the department head and the privileging authority. The local privileging authority may impose additional endorsement requirements.

b. The privileging authority must grant an active staff appointment with delineated clinical privileges:

(1) Upon receipt of the practitioner's application for an active staff appointment.

(2) Following a review of the ICF to determine current clinical competence, demonstrated within the preceding 2 years, supported by practitioner-specific data and information generated by organizational quality management activities during the initial staff appointment.

(3) Following an interview with the practitioner, by the department head, to discuss the applicant's qualifications;

local policies and procedures; the applicant's requested privileges; any facility-limited privileges; and, the ability to perform requested privileges (health status).

(4) Following a review of the endorsements on the practitioner's application by the department head, directorate (if applicable), Credentials Committee (if applicable), and ECOMS or ECODS, using the appropriate endorsement page in Appendix K.

(5) In writing. Appendix K is a sample format. The appointment is effected when the privileging authority checks the approval block and signs and dates the endorsement page of the application. A separate appointment letter is neither required nor recommended.

(6) For a period not to exceed 2 years.

6. Renewal of Staff Appointments with Clinical Privileges

a. Practitioners with active staff appointments should apply for reappointment to the professional staff and renewal of clinical privileges at least 60 days before the expiration of their current appointment using a format similar to Appendix K. Requests for renewal of staff appointments should include any proposed modifications to the practitioner's current clinical privileges. Applicants who have previously been granted an active staff appointment with clinical privileges need only update the information provided in the original PPIS, using a new PPIS form. Do not alter or modify original or previous forms. The application must identify the treatment facility and be signed and dated by the practitioner.

b. Reappointment is based on reappraisal of the practitioner's credentials (verified license and required certifications, professional performance, quality management information, results from NPDB query, judgment, clinical or technical skills, and health status) using predetermined department and specialty-specific criteria. At the time of reappointment, renewal or revision of clinical privileges, current license is confirmed with the primary source or by viewing the practitioner's license.

c. Evaluation of practitioner-specific data and information generated by organizational quality management activities are of prime importance, and it is imperative in the assessment of current competence to justify reappointment to the medical or dental staff and renewal of clinical privileges. In cases where the practitioner is providing health care at civilian treatment facilities during the appointment period undergoing appraisal, it is both appropriate and recommended to solicit and consider clinical performance information from the other facilities in determining current clinical competence, using a format similar to Appendix O. Competency management is a medical and dental staff function.

d. The practitioner's department head, or the operational equivalent, must submit a PAR in support of reappointment to the staff and endorse the practitioner's application.

e. Both the practitioner's application and the PAR, with the department head's endorsement, are reviewed and subsequently endorsed by the directorate, Credentials Committee, and ECOMS or ECODS before approval by the privileging authority. The reappointment shall be granted:

(1) For a period not to exceed 2 years.

(2) In writing. Appendix K is a sample format. The appointment is effected when the privileging authority checks the approval block and signs and dates the endorsement page of the application. A separate appointment letter is neither required nor recommended.

7. Modifications to Clinical Privileges

a. Forward requests to modify previously approved clinical privileges to the privileging authority via the department head, directorate, Credentials Committee, and ECOMS or ECODS. [Modification examples: (1) add or delete supplemental privileges to an existing core; (2) add or delete itemized privileges to an existing itemized list; (3) add or delete a core in its entirety.]

b. Include supporting documentation in requests. Improved or new skills qualifying a practitioner for an augmentation in clinical privileges may be acquired through practice under the supervision of a practitioner privileged in the new procedure or through inservice or outservice education or training.

c. Do not alter the expiration date of the practitioner's current staff appointment when modifying clinical privileges.

d. Do not accept or act upon requests for voluntary withdrawal of core clinical privileges if the practitioner is the subject of allegations of substandard care or misconduct, or for any other reason except to correct administrative errors.

e. Requests to voluntarily withdraw core clinical privileges to correct administrative errors become effective upon approval by the privileging authority.

8. Privileging Trainees on Completion of Full-Time Inservice Training Programs

a. Current competence is implicit in successful completion of a Navy internship, residency, or fellowship program. Concurrent with successful completion of a Navy postgraduate training program and licensure, the practitioner must be granted an active staff appointment with, at the minimum, core privileges specific to the training specialty, e.g., core privileges in operational medicine and primary care medicine for internships and core privileges in general surgery for general surgery residencies. Unlicensed practitioners may not be granted clinical privileges unless an exemption is obtained.

b. To maximize the functionality of multi-institutional privileging, all Navy Medical Department training related to privileging must ensure compliance with the following procedures:

(1) Ninety days before the completion of the training program, the trainee must apply for an active staff appointment with clinical privileges for the specialty in which he/she is receiving training, using Appendix K. The active staff appointment with, at the minimum, core clinical privileges, shall be granted concurrent with the completion of the training program and for a period not to exceed 2 years.

(a) Because trainees are monitored and supervised throughout their training programs, an initial staff appointment is not required, i.e., the appointment granted must be an active staff appointment.

(b) The formal appraisal of the trainee's current clinical competence is initiated by the program director using a PAR, at least 90 days before the completion of the training program. This PAR shall serve not only as an evaluation tool for the end of the training program, but also as evidence of current competence for the trainee's next duty station.

9. Privileges for MTF/DTF Commanding Officers, MARFORPAC, MARFORLANT, and HQMC Staff

a. Practitioners who are commanding officers are not to provide health care services independently unless appointed to the medical or dental staff. Commanding officers may not grant professional staff appointments to themselves, but may grant professional staff appointments to their executive officers. Commanding officers and executive officers whose primary duties do not allow opportunity for clinical activity in their specialty may apply for primary care medical officer privileges if their credentials, experience, and current competence are commensurate. Privileging in such circumstances is not considered adverse and is not subject to the adverse privileging review process.

b. Commanding officers must apply for staff appointments with clinical privileges, as follows:

(1) Use the same procedures currently required for granting appointments to other practitioners assigned to the command in the same professional category, through completion of the endorsement by the chairperson of the ECOMS or ECODS. Leave the privileging authority’s signature block on the endorsement page blank.

(2) After the chairperson of the ECOMS or ECODS completes the endorsement on the application and PAR, forward the following documents to HLTHCARE SUPPO Jacksonville, and retain copies of any originals forwarded.

(a) A copy of the practitioner's completed and verified ICF (to include recent NPDB query).

(b) The original, current application, including the ECOMS or ECODS endorsement page, requested privilege sheets, and updated PPIS.

(c) The original, current PAR or the last PAR completed by the COs last duty station, including the evaluation of provider-specific data and information generated by organizational quality management activities, if the application is based on an active staff appointment granted by the last duty station.

(d) Documentation of current competency if the application is for an initial, active staff appointment or a reappointment. The PAR is the competency statement concerning the provider's clinical proficiency.

(e) A copy of the department, specialty-specific staff appointment and clinical privileging criteria.

(f) A copy of the relevant sections of minutes from the ECOMS or ECODS and Credentials Committee (when a Credentials Committee exists) addressing the commanding officer's application for staff appointment.

(g) HLTHCARE SUPPO Jacksonville processes commanding officer privilege requests for the privileging authority.

c. The privileging authority, Officer in Charge, HLTHCARE SUPPO Jacksonville, shall indicate an appointment decision by signing and dating the endorsement page.

d. The completed application, PAR, ICF, and related documentation shall be returned for retention and maintenance by the command's professional affairs staff.

e. The HLTHCARE SUPPO Jacksonville shall retain a copy of the completed application and PAR.

f. Renewal requests must have the documentation listed in paragraph 9b(2) forwarded to HLTHCARE SUPPO Jacksonville no less than 60 days before the practitioner’s current appointment expires.

10. PCS Transfer

a. Practitioners reporting for permanent duty who previously held active staff appointments with, at the minimum, core clinical privileges, are eligible for active staff appointments with clinical privileges at the gaining command without repeating an initial staff appointment period under the following conditions:

(1) The time since the expiration of the practitioner's last active staff appointment with clinical privileges does not exceed 2 years.

(2) The most current PAR verifies demonstrated current competence for the privileges requested. Appendix A must specifically address, in sections X and XI, the current clinical competency of core, and all supplemental privileges granted.

b. For supplemental privileges, the practitioner must meet the privileging criteria relevant to the requested supplemental privileges at the gaining command. Denial of supplemental privileges at the gaining command for any of the following reasons is not an adverse privileging action:

(1) Failure to meet the privileging criteria for supplemental privileges at the gaining command.

(2) The inability of the gaining MTF or DTF to support the supplemental privileges due to facility restrictions, lack of support staff, health care demands placed on the MTF/DTF that dictate the practitioner’s assigned clinical duties, or equipment.

11. Health Care Services Provided at Other DON Treatment Facilities

a. There are circumstances when a practitioner granted an active staff appointment or when a clinical support staff member expects to perform health care services at a treatment facility not under the cognizance of their current privileging authority. Examples are: temporary additional duty (TAD), additional duty (ADDU), annual training (AT), active duty training (ADT), inactive duty for training travel (IDTT), ADSW, or the voluntary provision of health care services. The following procedures apply in those situations:

(1) The current privileging authority PAC will forward a ICTB (Appendix N) at the request of the gaining command. The ICTB can be sent by message, e-mail, fax, speed letter, or NAVGRAM. The gaining facility’s PAC will maintain the ICTB and all related documentation in a file folder. This file is not, nor is it to be converted into, an ICF, see section 4.

(a) The Appendix Q is used by the gaining command to identify the clinical privileges to be authorized. No additional application for privileges is necessary at the gaining facility. When practicing under the provisions of this paragraph, the practitioner functions as a member of the professional staff and participates fully in the gaining command’s quality management program.

(b) The document granting the practitioner authority to practice should address any supplemental privileges currently held by the practitioner that cannot be supported by the gaining command by reason of facility or support staff limitations.

(c) If a temporary or AT, ADT, or ADSW assignment requires a practitioner to perform privileges not currently held, but for which the practitioner potentially meets the gaining facility and departmental privileging criteria, the practitioner may apply and be authorized to exercise the privileges at the gaining facility. Since each practitioner has only one privileging authority at any given time, the gaining facility must recommend and provide justification for augmentation of the practitioner's current privileges. The gaining command may then grant the practitioner's facility-specific, supplemental privileges, and must inform the practitioner's privileging authority of the action taken. The gaining command's documentation of competency, education and training, and justification for granting the supplemental privileges, shall be forwarded to the privileging authority for inclusion into the ICF, e.g., an oral/maxillofacial surgeon, whose primary assignment is at a DTF, wants to maintain overall surgical competency by performing oral and maxillofacial surgery procedures at a local naval hospital. The dentist would request appropriate clinical privileges at the MTF, and the naval hospital would grant the privileges. The hospital would inform the DTF these privileges had been granted, and forward the appropriate documentation for inclusion in the provider's ICF being maintained at the DTF.

(2) The holder of the clinical support staff member’s IPF informs the gaining commanding officer of the member's education and training and license status using a message, e-mail, fax, speed letter, or NAVGRAM in the Appendix N, ICTB format, paragraphs 1, 2, 3, 5, and 6 (modified to address practice areas in which the member is currently competent, such as general medical-surgical nursing), 9 (modified to address current competency); and 10 (modified to read IPF vice ICF).

b. A practitioner is eligible to exercise privileges at all DON MTFs and DTFs if; (1) his/her clinical privileges are not currently restricted, (2) have not expired or been terminated, and, (3) meets the privileging criteria at the gaining command. The expiration date of the practitioner's current appointment is indicated on the ICTB. If supplemental privileges are expected to be exercised at the gaining facility, communication between the gaining and parent facilities will be necessary to ensure the practitioner can meet the gaining facility's specialty-specific privileging criteria for any supplemental privileges.

c. A PAR will be completed for periods exceeding 4 continuous days, and forwarded to the parent command for inclusion in the practitioner's ICF.

d. When the practitioner provides recurring services at another treatment facility, e.g., TAD or reserve drills, the ICTB is valid for the tenure of the practitioner's current staff appointment at the parent facility. A single PAR, covering the multiple duty periods, must be completed at the end of the last duty period and when the parent facility requests one be submitted as part of the privilege reappraisal process.

e. Practitioners within their initial 1-year privileging period are not to be assigned duty to other facilities as a general rule. However, circumstances may arise that require exception to this rule, e.g., operational requirements, temporary relief of a sole practitioner assigned to an overseas, remote, or small facility, or outpatient support at nearby clinic(s) not under the same privileging authority. Practitioners holding only initial staff appointments may be assigned such duty using the procedures described above, under the following conditions:

(1) The prospective gaining facility identifies in their request the specific scope of services necessary during the duty period.

(2) After a review of the scope of service, requested relative to the inventory of practitioners onboard who could satisfy the requirement, the parent facility privileging authority documents the rationale for a decision that the requirement can be safely met with a practitioner who has not yet been granted an active staff appointment.

(3) The gaining privileging authority acknowledges the practitioner is acceptable.

(4) If the practitioner offered is not acceptable, the parent facility nominates another practitioner, if available, or refers the request to higher authority for resolution.

12. Permanent Assignment to the Operational Forces

a. MTFs/DTFs must ensure practitioners assigned to their commands in receipt of orders to an operational assignment are currently competent and professionally qualified to support the operational forces.

(1) Prior to detachment, practitioners must have attained active staff appointments with, at a minimum, those core privileges required to function in the prospective operational assignment.

(2) The practitioner's ICF shall be forwarded to the privileging authority as prescribed in section 4, paragraph 5 of this instruction.

(3) A current NPDB query shall be included in the licensed practitioner's ICF before transfer to operational forces. If no NPDB is available, contact HLTHCARE SUPPO Jacksonville, Florida, for assistance.

(4) If the ICF is forwarded without the NPDB query:

(a) The cover letter must include the date HLTHCARE SUPPO Jacksonville, Florida, was notified of the need for query.

(b) A copy of the cover letter must be forwarded to HLTHCARE SUPPO Jacksonville to ensure appropriate forwarding of the query.

(c) HLTHCARE SUPPO Jacksonville, Florida, must forward the query to the operational PAC when received.

b. Practitioners at fixed MTFs or DTFs without core privileges required to function in their prospective operational assignment must be provided the necessary training before detachment. Use those procedures previously described for augmentation of clinical

privileges. If the practitioner does not complete the required training to qualify for the operational assignment core privileges, the practitioner will not be trans-ferred and Bureau of Naval Personnel (BUPERS) will be notified.

c. If practitioners desire to practice at another facility while assigned to the operational forces, they may do so using the procedures described in paragraph 11a(1)(c) of this section.

13. Temporary Augmentation to the Operational Forces

a. Privileging for practitioners temporarily assigned to operational forces follows the procedures outlined in paragraph 11, subparagraphs a through e. To assure patient safety and the highest standard of medical care to our operational forces, the following procedures apply:

b. Fixed MTFs/DTFs must support the operational forces by ensuring practitioners assigned to their commands who are in receipt of TAD orders to an afloat operational assignment are currently competent, professionally qualified, and have been granted active staff appointments with, at a minimum, the core privileges required to function in the prospective TAD opera-tional assignment. Time permitting, practitioners in receipt of TAD operational orders, who require core privileges not currently held to function in their operational assignment, must be provided the training necessary to qualify them for the required privileges before the expected date of mobilization.

c. The holder of the practitioner's ICF informs the gaining TAD operational command of the practitioner's current credentials and staff appointment with clinical privileges using the ICTB, Appendix N, format by message, e-mail, speed letter, fax trans-mittal, or NAVGRAM. The completion of Appendix Q format is not necessary for these specific providers. A practitioner holding a current medical staff appointment with clinical privileges can exercise the privileges aboard ship in a TAD afloat or other operational environment. It is understood the practitioner agrees not to exercise privileges that exceed the medical capabilities immediately available in the operational environment.

d. If the TAD operational assignment is of such a nature that the gaining command cannot be located to transmit an ICTB, practi-tioners may hand-carry their ICTB to present to the gaining operational command upon arrival.

14. Credentials Review and Privileging Process at Operational Commands

a. The principles and procedures for granting staff appointments with clinical privileges at fixed MTFs/DTFs are applicable to practitioners and privileging authorities with modifications specified in local implementing directives.

b. The privileging authorities for practitioners reporting for PCS operational assignments are in paragraph 6 of the basic instruction.

c. Practitioners reporting to operational assignments shall be granted privileges at their detaching commands, with the exception of those practitioners completing internships. Additionally, those practitioners not completing all requirements for state licensure, and therefore unable to be granted active staff appointment, will not be transferred. Because practitioners reporting to operational assignments from fixed MTFs/DTFs will have been granted an active staff appointment with clinical privileges at their detaching commands, there is no need for operational privileging authorities to grant initial staff appointments. If an individual arrives as a direct accession from a civilian internship, or residency, with a current license, he/she will be granted the initial staff appointment with clinical privileges. It is not advisable to grant an active staff appointment, because this is the civilian practitioner’s first appointment within the DON, and current competency must be further assessed, and documented.

15. Selected Reserve Practitioners

a. All Selected Reserve practitioners shall have their credentials reviewed and verified and shall apply for and be granted staff appointments with clinical privileges consistent with the procedures applicable to active duty practitioners by the holder of their ICF designated in section 4, paragraph 3.

b. When a Selected Reservist is assigned to IDTT, AT, or ADT involving the provision of health care services at the facility, the gaining command shall request an ICTB from the CCPD.

c. When a Selected Reservist is assigned to ADSW involving the provision of health care services at the facility, the gaining command shall request an ICTB from the CCPD. When the

ICTB is forwarded from the CCPD to the gaining command, Deputy Chief, Reserve Affairs, is informed under separate cover (message, e-mail, fax, or speed letter).

16. Ongoing Assessment of Practitioner Performance

a. Documented using any mechanism the facility or operational site mandates to meet the facility's needs and operational mission. Relevant information from organizational quality management activities is considered when evaluating professional performance, judgment, and clinical and technical skills (clinical competence). Whatever mechanism is used, this practitioner-specific quality management information shall be easily accessible and maintained at the facility for the 2-year reappointment or renewal of privileges.

b. Practitioner-specific data includes:

(1) Information generated through the command's quality management activities and risk management program, i.e., process and outcome measures.

(2) Data reflecting workload (productivity).

(3) Results of peer review activities.

(4) Patient feedback data and information.

(5) Documentation of training or continuing education, including Advanced Cardiac Life Support or Advanced Trauma Life Support required to meet specialty-specific staff appointment or privileging criteria.

(6) Documentation of practitioner's ability to perform, i.e., health status (located on the PPIS) in terms of ability to practice in the area in which privileges are requested.

(7) Other practitioner-specific information used in evaluating or documenting the clinical performance of the practitioner, including appraisals of non-trainees practicing under supervision.

c. A PAR, Appendix A, shall be completed on each practitioner providing health care services by the privileging authority at intervals not to exceed 2 years and placed in the ICF. The

purpose of the PAR is to permanently document the periodic appraisal of practitioner conduct, competence, and performance required by reference (a). The PAR is the primary document used to support the granting and renewal of active staff appointments. Additionally, the PAR shall be reviewed at the time of fitness report preparation. Any evaluation element marked "UNSATISFACTORY" in section VI or VIII shall be accompanied by explanatory remarks placed in section XII or on attached additional sheets. Department heads are required to make appropriate comments in section X regarding the practitioner's clinical competence in practicing all privileges granted, both core and supplemental privileges in section XI. A PAR must be completed on all health care practitioners:

(1) During the latter portion of initial staff appointments.

(2) Before completing inservice graduate professional education or training programs.

(3) Upon detachment incident to transfer, separation, termination of employment, or retirement. When the member has detached from the command without an opportunity to review and sign the PAR, provide member with a copy of the PAR at his/her next duty station with a "date/copy to practitioner" annotated on the bottom of the original PAR filed in member's ICF.

(4) Upon completion of temporary duty exceeding 4 continuous days; permanent assignment to an operational unit; or temporary assignment to another operational unit exceeding 4 continuous days.

(5) At the time of reappointment to the professional staff.

(6) When significant new information about a detaching practitioner's performance or conduct becomes available after the practitioner detaches. In this case, a special PAR shall be completed by the appropriate department head, endorsed by the Credentials Committee, the ECOMS/ECODS, and forwarded to the practitioner's gaining privileging authority. When received by that authority, the PAR shall be reviewed and endorsed by the practitioner, gaining department head, Credentials Committee, and ECOMS/ECODS before inclusion in the practitioner's ICF. The

special PAR is the appropriate vehicle to forward results of Judge Advocate General Manual Investigations (JAGMANs), civilian external peer review, or investigations into allegations of misconduct or substandard care to the gaining privileging authority. Information included on the detaching PAR need not be reiterated on the special PAR. Potentially adverse PARs must be acted upon and finalized by the sending command.

d. The mechanisms used at the facility level to gather and maintain practitioner-specific quality management data shall be handled with the same security and confidentiality precautions required for all documents generated through quality assurance programs per reference (m).

17. Support of the Armed Forces Medical Examiner (AFME) System. The AFME System provides support for medico-legal death investigations to all DOD MTFs/DTFs. The range of support includes onsite performance of autopsies by deputy or regional medical examiners, telephonic consultations, and written reports. Deputy and regional medical examiners generally hold privileges granted by the Armed Forces Institute of Pathology (AFIP). Deputy and regional medical examiners are authorized to perform autopsies upon presentation of their AFME credentials to the commanding officer. An application for staff appointment with clinical privileges is not required for this service (see reference (u)).

18. Health Care Services Provided by Non-DON Trainees

a. Non-DON trainees performing health care services under supervision as part of a cooperative agreement with a training institution are not eligible for a staff appointment with clinical privileges. An ICF for such practitioners is not required.

b. Documentation of the following must be maintained in the MTF/DTF professional affairs office:

(1) Written authorization from the privileging authority for the practitioner to provide a specified scope of health care services while under the supervision of a specified practitioner who holds a professional staff appointment with clinical privileges in the same or similar specialty as the trainee.

(2) The designated supervisor is responsible for over-sight, coordination, and any required follow-up care related to the health care services provided by the trainee.

(3) A copy of the evaluation completed at the conclusion of the training period.

(4) Written confirmation from the trainee's primary training institution that the practitioner's qualifying credentials required by Appendix B, as applicable, are verified.

19. Support for the Organ and Tissue Procurement Program and the Armed Services Medical Regulating System. Organ donations and transplants conducted by organ and tissue procurement teams, per reference (t), and treatment provided within Navy MTFs/DTFs by personnel assigned to the Armed Forces Medical Regulating System to patients under their care, per reference (u), are authorized to be performed without formal credentials review and privileging under this instruction. However, personnel assigned in support of these programs must present sufficient documentation (e.g., official orders, assignment letter or identification card) to the commanding officer of the MTF/DTF to establish their authorization to perform the services.

SECTION 3

# CLINICAL SUPPORT STAFF AND INDIVIDUAL PROFESSIONAL FILES (IPFs)

1. General. Privileging authorities shall ensure that assignments to patient care activities of clinical support staff, as defined in section 5, are based on consideration of the staff member's verified qualifying degrees and licenses (all state licenses or certifications held within the last 10 years), past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. Primary source verification (PSV) is a function under the JCAHO medical staff standards; therefore, there is no requirement to primary source verify clinical support staff nursing certifications. Privileging authorities shall ensure procedures are in place for consideration of the staff member's verified qualifying degrees, using the criteria established by the corps chiefs and directors.

a. Privileging authorities shall maintain an IPF on all clinical support staff assigned to, employed by, contracted by, or under partnership agreement with the command. A Privacy Act Statement (PAS), Appendix I, is to accompany each IPF. The IPF shall contain documentation described in Appendix S.

b. The items described in Appendix B, ICF and IPF shall be collected before the individual being selected is employed, contracted to the DON, or assigned clinical duties other than under direct supervision as defined in section five.

c. Responsibility for initial collection and verification of the items listed in Appendix B is as follows:

(1) For direct accessions, recalls to active duty, and inter-service transfers to the DON, the Commander, Navy Recruiting Command, is responsible per section four of this instruction. The applicable professional review board appointed under references (n) and (o) shall confirm the required verifications of the credentials information.

(2) For new civil service employees, the servicing civilian personnel office shall collect and verify the required credentials information, Appendix B, and shall furnish such information to the commanding officer for review before hiring the individual.

(3) For new employees contracted directly to the MTF/DTF, the commanding officer is responsible. If the contract involves an intermediate contracting agency, that agency is held responsible. This information must be furnished to the MTF/DTF PAC at least 30 days before the individual begins work under the contract.

d. IPFs shall contain a signed PAS, Appendix I.

2. Disposition and Maintenance of IPFs. The disposition and maintenance of IPFs follow the same guidelines for ICF disposition and maintenance in section 4.

3. Clinical Performance Appraisal. The ongoing assessment of the performance of clinical support staff assigned to clinical duties shall be generated through the organizational quality management activities (performance data and information). Upon transfer, separation, termination of employment, or retirement, and at intervals not to exceed 2 years, an appraisal of each clinical support staff member's clinical performance and conduct shall be completed with documentation placed in the member's IPF. The appraisal must identify and address, at a minimum, the following elements:

a. MTF/DTF completing the appraisal.

b. Identification of the member being appraised, including grade or rate, social security number (SSN), and designator, if applicable.

c. Purpose of the appraisal (transfer, separation, periodic).

d. Inclusive dates of the appraisal period.

e. Clinical department assignments and scope of clinical responsibilities.

f. Clinical activity indicators, e.g., average daily inpatient census and average number of outpatient visits.

g. Professional development activities, e.g., participation in continuing professional education, publications, presentations, and recognition of professional achievements.

h. Positive or negative trends identified through performance data and information, generated through the command's quality management activities.

i. Incidents of reportable misconduct as defined in reference (d).

j. Review of the appraisal by the appropriate director.

k. Review of the appraisal by the member and the opportunity to make comments.

4. Disposition of Performance Appraisals. The original of the clinical performance appraisal is to be placed in the member's IPF. Upon detachment from the command, copies of all clinical performance appraisals prepared at the command are to be retained in a secure file at the command for 10 years. After 10 years, the file shall be forwarded to the provider, if current address is known, or destroyed as authorized by reference (f). The retained performance appraisals serve as a record to respond to future inquiries regarding the clinical support staff member's professional performance and staff responsibilities while assigned to the command.

5. Health Care Services Provided at Other DON Treatment Facilities. When clinical support staff members are assigned to provide health care services at a DON treatment facility other than that to which they are permanently assigned, employed, contracted, or under partnership agreement with, and the gaining treatment facility is under the cognizance of another privileging authority, the sending facility forwards the required credentials information using the Appendix N (ICTB) format. The information may be conveyed using a speed letter, NAVGRAM, e-mail, or message, with the appropriate blocks completed as indicated in paragraph 11 of section 2. The gaining facility is required to provide an appraisal of the clinical support staff member to the sending facility if the assignment exceeds 4 days. A single appraisal, covering all such assignments over the sending facility's current 2-year appraisal period for the member, may be used when the member is temporarily assigned more than once to the same

facility. The gaining facility shall retain a copy of Appendix N (ICTB) and the appraisal for 10 years. This file is not an IPF and is not to be converted into one. See section four, paragraph 3c(2).

6. Contingency Assignment. When a clinical support staff member has been given a contingency assignment, upon receipt of orders indicating imminent deployment, the PAC shall prepare an Appendix N (ICTB), generated from the centralized computer database, and forward it to the contingency assignment. A copy of the current Appendix N (ICTB) shall be maintained in section II of the ICF.

SECTION 4

INDIVIDUAL CREDENTIALS FILES (ICF)

1. General. Upon accession into or employment by the DON, each health care practitioner, including military trainees, shall have credentials information collected, verified, and incorporated into an ICF, following the structure and content guidelines in Appendix R. A signed PAS, Appendix I, shall accompany each ICF. The ICF is maintained throughout the practitioner's tenure with the DON. Do not duplicate information contained in the ICF in any other files used in the administration of trainees. Compliance with this instruction results in a single, complete, verified ICF for each practitioner.

2. Collection and Verification of Credentials Documents

a. All items in Appendix B shall be collected, verified, and evaluated before an individual is selected, employed, contracted, or granted a professional staff appointment by a privileging authority of a DON MTF/DTF.

b. Responsibility for collection and verification of the items listed in Appendix B is as follows:

(1) Direct accessions, recalls to active duty, and inter-service transfers to the DON. Commander, Navy Recruiting Command, is responsible, per the documentation guidelines specified in this section. The Deputy Chief, Education and Training, ensures the accession package is complete before submission to the professional review board. The applicable professional review board appointment per references (n) through (q) confirms the verification of the required credentials documents.

(2) Students reporting from Armed Forces Health Professions Scholarship Program (AFHPSP) and Uniformed Services University of the Health Sciences (USUHS) programs. Gaining privileging authority is responsible.

(3) New civil service employees. Servicing Human Resources Office (HRO) is responsible. The civilian personnel office forwards the information to the appropriate privileging authority before hiring the individual.

(4) New contract practitioners. If the individual is contracted directly to the MTF/DTF, the commanding officer is responsible. If the contract involves an intermediate contracting agency, that agency is responsible and forwards the information to the gaining privileging authority at least 30 days before the individual begins work under the contract.

c. The items listed in Appendix R (ICF), plus any related new or updated information, summaries of JAGMAN investigations or liability claims in which the individual was a principle party, and PARs, must be maintained in the ICF. Summaries of information of an adverse nature, accrued during DON service and becoming available after the practitioner leaves DON service, shall be included and maintained in the practitioner's ICF.

d. The practitioner is responsible for providing accurate and current evidence of professional qualifications. This may be in the form of documents, letters of reference, statements or information provided during the accessions or credentials review and privileging process. The practitioner shall immediately inform the holder of their ICF of any change in professional qualification, including health status, which could impair their ability to provide safe, competent, authorized health care services.

e. Copies of documents provided by the practitioner being evaluated are not required to be certified true copies, but shall serve as reference documents for the verification process. References (a) and (e) require independent PSV of the following credentials. These credentials are further described in Appendix R (ICF). Copies of documents are not required to be in the credentials file.

(1) Qualifying degree. Educational Commission for Foreign Medical Graduates (ECFMG), Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS), or Fifth Pathway certificates for those graduates of foreign medical schools, other than approved schools in Canada and Puerto Rico, constitutes evidence of the qualifying degree.

(2) All clinically related postgraduate training.

(3) All professional qualifying certifications.

(4) All state licenses and certifications held within the last 10 years including all voluntary lapses of license. If the practitioner does not possess a license or certification exemption, or is not otherwise specifically authorized to practice independently without a license or certification, the practitioner shall hold at least one current, valid, unrestricted license or certification. A current, valid, unrestricted license or certification is one which has not expired or been suspended or revoked, one which the issuing authority accepts and considers quality assurance (quality management) information, and is not subject to restriction pertaining to that scope, location, and type of practice ordinarily granted all other applicants for similar licensure or certification in the granting jurisdiction.

f. At time of appointment, reappointment to the medical staff or upon the granting or renewal of privileges, the license, relevant education/training, current competency, and board certification, shall be primary source verified. The PSV for static credentials, e.g., relevant education and training, is required only one time for those credentials that remain static. Static credentials do not require reverification by gaining privileging authorities unless a change in the status of the credential has occurred since the last verification or some reason exists to doubt the authenticity of the credential. Licensure is primary source verified at the time of each appointment, and initial granting of privileges, at reappointment or renewal or revision of clinical privileges, and at the time of expiration by a letter or computer printout obtained from the appropriate state licensing board. PSV of credentials is required to be placed in the credentials file. Copies of the credentials are not required.

g. The PSV must be independent, i.e., the member him/herself cannot complete the verification process.

h. Acceptable sources and methods of verification include:

(1) Contact with the primary source or with an agency that has obtained PSV, i.e., American Medical Association (AMA) master file for education and training. Telephonic verification is acceptable. Verification obtained by parties external to the DON that meet the DON verification standards as described is acceptable.

(2) Professional organization's web site provided that:

(a) The information is obtained directly from the professional organization's web site. Use of the web site of another recognized professional organization (such as, the Administrators in Medicine site of the Association of Medical Board Executive Directors) is permitted if it is used as the platform to reach the intended site. If the information has a disclaimer and is not encrypted, the site cannot be used as a PSV site. The MTF/DTF and, when applicable, its credentials verification office (CVO) must confirm the web site used is the professional organization's official web site.

(b) The MTF/DTF and, when applicable, its CVO, should ensure that the source web site, when not located at and under the direct control of the professional organization, receives its information directly from the professional organization’s database through encrypted transmission. When the source web site is located at and under the control of the professional organization, the MTF/DTF and, when applicable, its CVO should ensure that the web site does not receive its information from the database by encrypted transmission and is protected from alteration by unauthorized individuals.

(c) The information on the web site contains all of the information required for the PSV process of the specific credential.

(d) The web site should contain sufficient information to properly identify the applicant. For example, name alone might not be sufficient to identify the applicant.

(e) The MTF/DTF and, when applicable its CVO, should be aware of the currency of information on the web site.

(f) Information on the web site that is supplemental to the information undergoing PSV, such as a state licensing board's web site including information on the individual's specialty, is not to be used as PSV data, although it may be useful in evaluating the overall package of information gathered by the MTF/DTF on the practitioner.

(g) Any discrepancy between information provided by the applicant and the web site should be followed up with the professional organization by correspondence or telephone.

(h) The fact that adverse information is not presented on the web site should not deter the MTF/DTF from contacting the professional organization by telephone or written correspondence if the other information gathered by the MTF/DTF warrants it.

(i) All of the verifying information on credentials must be placed in the ICF.

(j) The identification of the medical staff-specialist or CVO who made the web site contact and gathered the information, as well as the date, should be entered into the web site printout or other record of the information. If that information is, in turn, transmitted electronically to the MTF/DTF, the facility must also identify the medical staff specialist who gathered the information from the CVO, along with the date.

(k) The MTF/DTF's use of a CVO that gathers information directly from a professional organization's web site is subject to the guidelines for the use of CVOs found in references (b) or (c). For board certifications, the official American Board of Medical Specialty (ABMS) Directory of Board Certified Medical Specialists published by Marquis Who's Who in cooperation with the ABMS; or, listings published by certifying boards may be used as verification.

(3) Listings published or released by certifying agencies, e.g., the National Commission on Certification of Physician Assistants (NCCPA); the Academy of Certified Social Workers (ACSW); and, the American Nurses Credentialing Center (ANCC).

(4) Confirmation by HLTHCARE SUPPO Jacksonville, Florida, through CCQAS that the document has been verified.

(5) When unable to verify education and training, or qualifying degrees due to school closures or other unforeseen events, verify attempts made, persons contacted (title and telephone number), ensuing discussion, and reason verification cannot be completed. At this point the record is considered complete and can be forwarded to the ECOMS/ECODS for action. Upon recommendation of the committee, the privileging authority may grant a staff appointment without the required verification.

This decision shall be supported by a preponderance of evidence that the requirement in question has been met. The decision and justification, including letters of inquiry and telephone calls, shall be documented with a copy placed in the practitioner's ICF. Place the documentation in the same section the credential in question would have been placed if available.

i. All discrepancies require resolution through direct contact with the primary source.

j. Acceptable documentation of verification clearly identifies the:

(1) Agency, name, position, and telephone number of the person supplying confirmation of authenticity.

(2) Publication or listing, if such was the source of verification.

(3) Agency, name, position, and telephone number of the person documenting the verification.

(4) Date of verification, facility, and PAC’s signature.

k. The documentation of PSV is placed on or appended to the document being verified and placed in the ICF.

l. ICFs shall contain a signed PAS (Appendix I).

m. While the responsibility for fees required to obtain and maintain basic qualifying licenses and certificates lies with the practitioner, appropriated funds may be used to pay fees, in advance if required, to obtain verifications per reference (r).

3. Maintenance of ICFs

a. Members have only one ICF.

b. ICFs are to be maintained in a secure area. If the practitioner provides health care services at a facility not under the cognizance of the privileging authority holding their ICF, the holder of the ICF forwards the applicable credentials and privilege information to the gaining privileging authority using the format in Appendix N (ICTB).

c. All Naval Reserve practitioners' ICFs shall be maintained at the CCPD. The CCPD functions as follows:

(1) The CCPD is a department of the HLTHCARE SUPPO Jacksonville, Florida. The CCPD centralize the credentials review and privileging process for reservists; manages reserve ICFs and IPFs; coordinates initial privileging with MTFs/DTFs; maintains an ECOMS; renews privileges; uses the CCQAS database; and maintains archived active duty and reserve ICFs and IPFs from closed or disestablished activities and facilities for at least 10 years.

(2) ICFs and IPFs for civil service and contract providers who are also Selected Reserves shall be maintained by the CCPD. The CCPD shall provide an ICTB to the privileging authority for the facility where the reservist works.

(3) Selected Reserves shall apply for an initial staff appointment with clinical privileges to the CCPD. The period of initial privileging shall continue per this instruction. Concurrent civilian practice information shall be collected from each civilian affiliation by the CCPD and placed in the ICF.

(4) The Reserve provider shall be evaluated following all periods of clinical service in a military MTF/DTF and a PAR with an ICTB shall be submitted. The facility shall be responsible for the collection and documentation of the required practitioner-specific data and information generated by organizational quality management activities. The PAR shall be completed per this instruction. Quality management and civilian activity data and PARS shall be acted upon by the CCPD in the granting or renewing of privileges. The CCPD shall establish a credentials review and privileging committee for this purpose. The CCPD shall be queried by Naval Reserve Readiness Commands (REDCOMs) to determine if a reservist is privileged before processing training or support requests. An ICTB will be sent to the gaining command if privileged. Adverse or additional privileging action shall follow reference (d).

4. ICF Contents

a. Only documentation specified in Appendix R may be placed in a practitioner's ICF.

b. Practitioners have a right to obtain, review and comment upon copies of all material in their ICF. The NPDB queries may not be copied per the Health Care Quality Improvement Act of 1986.

c. Before material of an adverse nature (i.e., fact or opinion which reflects negatively on personal conduct, clinical competence or performance) is placed in an ICF, the practitioner shall be provided a copy and given an opportunity to provide comments. Statements by a practitioner in reply to the adverse material must also be included in the practitioner's ICF. Except material ordered inserted in an ICF by the Navy Surgeon General, adverse matters shall undergo peer review as defined in section five before placement in the ICF.

d. Removal of material from the ICF may only be accomplished per reference (m).

5. ICF Disposition

a. Privileging authorities are to retain a copy when forwarding original ICFs using the procedures described below. Upon confirmation of receipt of the original ICF, the copy may be destroyed per reference (f) or forwarded to the gaining authority for their use.

b. For practitioners transferring on PCS orders to a DON clinical, administrative, or research assignment within the MHS, the original ICF is forwarded, return receipt requested, to reach the gaining privileging authority at least 15 days before the practitioner's scheduled arrival. If that is not possible, the ICTB shall be sent within the same timeframe. The ICFs of practitioners transferring to non-clinical assignments outside the MHS shall be forwarded to the HLTHCARE SUPPO Jacksonville, Florida, with a letter informing the practitioner of the ICF location. Practitioners shall provide changes and updates of licensure status and credentials information to the holder of their ICFs. Upon subsequent assignment to a clinical billet, the holder of the ICF shall forward the ICF to the gaining privileging authority.

c. For practitioners ordered to full-time in-service graduate education, the ICF shall be forwarded to the gaining training facility, using the procedures in paragraphs 5a and 5b above.

d. For practitioners ordered to FTOS GME, the original ICF shall be forwarded to the HLTHCARE SUPPO Jacksonville, Florida, with a letter informing the practitioner of its location. Practitioners are to provide changes and updates in credentials information to the holder of their ICF. The Head, Active Duty Medical and Dental Staff Services, HLTHCARE SUPPO Jacksonville, Florida, will maintain the current license status in CCQAS. Upon completion of FTOS, the holder of the ICF shall forward the ICF to the gaining privileging authority.

e. For practitioners who have separated or terminated DON employment:

(1) If no permanent adverse privileging action or reportable misconduct exists, as defined in reference (d), the original ICF shall be forwarded to the HLTHCARE SUPPO Jacksonville, Florida, and shall be retained in a closed status for at least 10 years. At that time it must be forwarded to the practitioner, if current address is known, or destroyed as authorized by reference (f).

(2) If permanent adverse privileging action or reportable misconduct exists, as defined in reference (d), the original ICF shall be forwarded to the Staff Judge Advocate to the Surgeon General, return receipt requested, for indefinite retention.

f. For Reserve practitioners who have separated or terminated DON employment:

(1) With no history of permanent adverse privileging action or reportable misconduct, as defined in reference (d), the original ICF shall be retained at the CCPD for at least 10 years. At that time it must be forwarded to the practitioner, if current address is known, or destroyed as authorized by reference (f).

(2) With a history of permanent adverse privileging action or reportable misconduct, as defined in reference (d), the original ICF shall be forwarded to the Staff Judge Advocate to the Surgeon General, return receipt requested, for indefinite retention.

g. Archived ICFs and IPFs from closed facilities, should be retained or destroyed per paragraphs 5e(1) and (2) and, 5f(1) and (2) above.

h. When forwarding or disposing of ICFs, note the provisions of paragraph 6 of this section.

i. For health care providers transferring from one government contract to another, unless otherwise specified in an individual Task Order Proposal Request, the government reserves the right to transfer to the gaining contractor, the credentials of a health care worker who has been employed by/granted delineated clinical privileges on a predecessor contract without a new or additional credentialing action. This extension may only occur:

(1) Within the same command.

(2) When there is no increased clinical competency requirement of the health care worker.

(3) When there is no significant change in the scope of clinical practice of the health care worker.

(4) When there is no gap in performance between the contracts.

(5) When the health care worker has had acceptable performance evaluations.

6. Local Retention of Credentials Information. Upon retirement, privileging authorities shall maintain copies of all PARs with associated privilege sheets and applications for staff appointments or with associated requests and authorizations to exercise privileges, including endorsements, completed by the privileging authority for 10 years. Upon a practitioner’s PCS, separation, retirement, or termination of employment, copies of these documents shall be made before the appropriate disposition of the ICF per paragraph 5 above. Responses to requests for information regarding a current or former practitioner shall adhere to reference (m). Forward requests for information concerning reservists to CCPD per reference (m).

# SECTION 5

## DEFINITIONS

1. Abeyance. The temporary removal of a privileged practitioner from clinical duties while an inquiry into allegations of practitioner misconduct or professional impairment is conducted. Abeyances cannot exceed 28 days. A privilege abeyance is nonpunitive and is not an adverse privilege action.

2. Adverse Privileging Action. The denial, suspension, limitation, or revocation of clinical privileges based upon privileged practitioner misconduct, or professional, medical, or behavioral impairment. The termination of professional staff appointment based upon conduct incompatible with continued professional staff membership is also an adverse privileging action. Providers who have been diagnosed as alcohol or drug dependent or as having an organic brain or psychotic disorder are considered impaired providers (refer to definition of impairment in this section).

3. Alcohol or Drug Abuse. The use of alcohol or other drugs to an extent that it has an adverse effect on performance, conduct, specialty, mission effectiveness, or the user's health, behavior, family, or community. The wrongful or illegal possession or use of drugs in any amount also constitutes drug abuse.

4. Clinical Privileging. The process whereby a health care practitioner is granted the permission and responsibility to independently provide specified medical or dental care within the scope of his or her licensure, certification, or registration. Clinical privileges define the scope and limits of practice for individual practitioners. Privilege categories include:

a. Regular Privileges. Core and supplemental privileges.

b. Temporary Privileges. Granted when time constraints do not allow a full credentials review. These privileges are time-limited and granted only to fulfill urgent patient care needs.

c. Supervised Scope of Practice. Used to identify the privileging status of non-licensed and non-certified providers who are not independent.

5. Clinical Support Staff. Personnel who are required to be licensed under reference (e), but are not included in the definition of health care practitioners. This category includes dental hygienists and non-privileged nurses.

6. Credentials. Documents that constitute evidence of qualifying education, training, licensure, certification, experience and expertise of health care providers.

7. Credentials Review. The application and screening process whereby health care providers have their credentials evaluated before being selected for DON service, employed by the DON, granted clinical privileges or assigned patient care responsibilities.

8. Current Competence. Possessing adequate ability to perform the functions of a practitioner in a particular discipline as measured by meeting the following conditions:

a. Privileged to independently practice a specified scope of care within the past 2 years.

b. Authorized to practice a specified scope of care under a written plan of supervision within the past 2 years.

c. Completed formal graduate professional education in a specified clinical specialty within the past 2 years.

d. Actively pursued the practice of his/her discipline within the past 2 years by having encountered a sufficient number of clinical cases to represent a broad spectrum of the privileges requested.

e. Satisfactorily practiced the discipline as determined by the results of practitioner-specific data and information generated by organizational quality management activities.

9. Denial of Privileges. An adverse privileging action, which denies privileges requested by a practitioner, when those privileges are of a nature which would normally be granted at the facility to a practitioner of similar education, training, and experience occupying the same billet. A denial shall be imposed by a privileging authority only after the opportunity for a peer review hearing has been afforded the practitioner.

10. Disability (Physical). Any impairment of function due to disease or injury, regardless of the degree, which reduces or precludes an individual's actual or presumed ability to engage in gainful or normal activity. The term physical disability includes mental disease, but not such inherent defects as personality disorders and primary mental deficiency, although they may render a member unsuitable for military duty.

11. FAC(U) Practitioners. Practitioners assigned to operational Marine Corps units ADDU to Claimancy 18 facilities to maintain clinical skills and proficiency.

12. Health Care Providers. Health care practitioners and clinical support staff collectively.

13. Health Care Practitioners (Licensed Independent Practitioners). Licensed military (active duty and reserve) and DON civilian providers (federal civil service, foreign national hire, contract, or partnership) required by reference (a) to be granted delineated clinical privileges to independently diagnose, initiate, alter or terminate health care treatment regimens within the scope of their licensure. This includes physicians, dentists, marriage and family therapists, nurse practitioners, nurse midwives, nurse anesthetists, clinical psychologists, optometrists, clinical dieticians, podiatrists, clinical social workers, pharmacists, physical therapists, occupational therapists, audiologists, speech pathologists and physician assistants (PAs). For the purposes of this instruction, individuals enrolled in training programs leading to qualification for clinical privileges and American Red Cross volunteers in any of these disciplines are also considered health care practitioners.

14. Impairment. Any personal characteristic or condition, which may adversely affect the ability of a health care provider to render quality health care. Impairments may be professional, medical or behavioral. Professional impairments include deficits in medical knowledge, expertise or judgment. Behavioral impairments include unprofessional, unethical or criminal conduct. Medical impairments are conditions which permanently impede or preclude a practitioner from safely executing responsibility as a health care provider or from rendering quality health care or any medical condition requiring convening of a medical board.

15. Intravenous Conscious Sedation (Moderate Sedation). Sedation for which there is a reasonable expectation the sedation may result in the loss of protective reflexes in a significant percentage of patients.

16. License. A grant of permission by an official agency of a state, the District of Columbia, a commonwealth, territory, or possession of the United States to provide health care within the scope of practice for a discipline. In the case of a physician, the physician license must be an active, current license that is unrestricted and not subject to limitation in the scope of practice ordinarily granted to other physicians, for a similar specialty, by the jurisdiction that grants the license. This includes, in the case of health care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide health care independently as a health care professional. Authorized licensing jurisdictions for health care personnel are specified in references (b) through (e). For the purpose of this instruction, "license" and "licensure" shall include certification and registration as appropriate for the provider type.

a. Active. An unrestricted license/registration not subject to limitation on the scope of practice ordinarily granted by the state.

b. Valid. The issuing authority accepts, investigates and acts upon quality assurance information, such as practitioner professional performance, conduct, and ethics of practice, regardless of the practitioner's military status or residency.

c. Unrestricted. Not subject to limitations on the scope of practice ordinarily granted all other applicants for similar specialty in the granting jurisdiction.

17. Limitation of Privileges. An adverse privileging action taken under reference (d) by a privileging authority which permanently removes a portion of a practitioner's clinical privileges. A privileging authority shall impose a limitation only after the opportunity for a peer review hearing has been afforded to the practitioner.

18. Peer Review. Offers a practitioner the forum for problem solving and action as indicated. Peer review is conducted at a particular level, or tier, within the locally defined medical or dental staff organizational hierarchy. For example, in a hospital or dental center where committees are available to provide professional staff monitoring, the first or lowest level of peer review is at the committee, traditionally followed by the ECOMS or ECODS as the second level. Likewise, if these functions are performed within departments, they constitute the first or lowest level, followed by the service or directorate and ECOMS or ECODS as the second and third levels. Ordinarily, peer review is not conducted above the first level if consensus is reached. Additionally, when the consensus is reached that there are grounds for adverse action, reference (d) shall be followed.

19. Professional Staff Appointment. Formal, written authorization to perform patient care with delineation of authorized clinical privileges. Reflects the relationship of the provider to the medical staff. Appointment types include:

a. Initial Staff Appointment. The first Navy Medical Department professional staff appointment, granted for a period not to exceed 12 months, giving the practitioner the opportunity to demonstrate to the privileging authority current clinical competence and the ability to comply with the facility's policies, procedures, bylaws and code of professional ethics. This duration of time reflects the provisional (initial) staff appointment period.

b. Active Staff Appointment. Staff appointments granted to practitioners who successfully complete the initial staff appointment period. The active staff appointment period is 24 months.

c. Affiliate Staff Appointment. Granted to providers meeting all qualifications for membership in the medical staff after successfully completing the initial appointment period, but who are neither assigned organizational responsibilities nor expected to be full participants in activities of the medical staff. May apply to consultants, resource sharing personnel or part-time contracted staff. Affiliate members must conform to all medical staff bylaws. The affiliate staff appointment period does not exceed 24 months.

d. Temporary Staff Appointment. Granted in situations when time constraints do not allow full credentials review. Required when providers practicing under temporary privileges will be admitting patients. Relatively rare, used only to fulfill urgent patient care needs. The temporary staff appointment period does not exceed 30 days.

20. Revocation of Privileges. Per reference (d), an adverse privileging action taken under by a privileging authority, which permanently removes all a practitioner's clinical privileges. A revocation may be imposed only after the opportunity for a peer review hearing has been afforded to the practitioner.

21. Supervision. The process of reviewing, observing and accepting responsibility for the health care services provided by health care providers. Levels of supervision are defined as:

a. Indirect. The supervisor performs retrospective record review of selected records. Criteria used for review relate to quality of care, quality of documentation and the practitioner’s not exceeding the authorized scope of care.

b. Direct. The supervisor is involved in the decision-making process. This may be further subdivided as follows:

(1) Verbal. The supervisor is contacted by telephone or informal consultation before implementing or changing a regimen of care.

(2) Present in Person. The supervisor is physically present throughout all or a portion of care.

22. Suspension. An initial adverse action taken under reference (d) which temporarily removes all or a portion of a practitioner's clinical privileges. If only a portion of the practitioner's privileges is removed, it is a partial suspension. This summary action is imposed before the initiation of the peer review process.

23. Verification. Confirmation of the authenticity of health care provider credentials through contact with the issuing agency (PSV) or use of a secondary source authorized by the Deputy Chief of Naval Operations (Manpower, Personnel, and Training) (MP&T) per references (n) through (q). Verification shall be documented.

# ABBREVIATIONS

| | |
|---|---|
| AAMFT | American Association of Marriage and Family Therapy |
| ABMS | American Board of Medical Specialty |
| ACGME | Accreditation Council for Graduate Medical Education |
| ACLS | Advanced Cardiac Life Support |
| ACSW | Academy of Certified Social Workers |
| ADDU | Additional Duty |
| ADSW | Active Duty for Special Work |
| ADT | Active Duty Training |
| AFHPSP | Armed Forces Health Professions Scholarship Program |
| AFIP | Armed Forces Institute of Pathology |
| AFME | Armed Forces Medical Examiner |
| AIDS | Acquired Immune Deficiency Syndrome |
| AMA | American Medical Association |
| ANCC | American Nurses Credentialing Center |
| AOA | American Osteopathic Association |
| APN | Advanced Practice Nurses |
| ASD(HA) | Assistant Secretary of Defense for Health Affairs |
| ASHA | American Speech-Language-Hearing Association |
| AT | Annual Training |
| ATLS | Advanced Trauma Life Support |
| Au.D | Doctor of Audiology |
| BSN | Bachelor of Science in Nursing |
| BUMED | Bureau of Medicine and Surgery |
| C-4 | Combat Casualty Care Course |
| CCPD | Centralized Credentials Review and Privileging Detachment |
| CCQAS | Centralized Credentials and Quality Assurance System |
| CDC | Centers for Disease Control |
| COAMFTE | Commission on Accreditation for Marriage and Family Therapy Education |
| CQMP | Clinical Quality Management Program |
| CSWE | Council on Social Work Education |
| CVO | Credentials Verification Office |
| DDS | Doctor of Dental Surgery |
| DEA | Drug Enforcement Agency |
| DENBN | Dental Battalion |
| DMD | Doctor of Medical Dentistry |
| DO | Doctor of Osteopathy |
| DOD | Department of Defense |
| DON | Department of the Navy |

| | |
|---|---|
| DTF | Dental Treatment Facility |
| ECFMG | Educational Commission for Foreign Medical Graduates |
| ECODS | Executive Committee of the Dental Staff |
| ECOG | Electrocochleography |
| ECOMS | Executive Committee of the Medical Staff |
| EGD | Esophagogastroduodenostomy |
| ENOG | Electroneuronography |
| FAC(U) | Functional Area Code (U) |
| FMGEMS | Foreign Medical Graduate Examination of the Medical Sciences |
| FNLH | Foreign National Local Hire |
| FSSG | Force Service Support Group |
| FTOS | Full-Time Outservice |
| GME | Graduate Medical Education |
| HIV | Human Immunodeficiency Virus |
| HLTHCARE SUPPO | Health Care Support Office |
| HQMC | Headquarters of the Marine Corps |
| ICF | Individual Credentials File |
| ICTB | Inter-facility Credentials Transfer and Privileging Brief |
| ICU | Intensive Care Unit |
| IDTT | Inactive Duty Training Travel |
| IPF | Individual Professional File |
| IRR | Individual Ready Reserve |
| JAGMAN | Judge Advocate General Manual |
| JCAHO | Joint Commission on Accreditation of Healthcare Organizations |
| MARFORLANT | Marine Corps Forces, Atlantic |
| MARFORPAC | Marine Corps Forces, Pacific |
| MAW | Marine Aircraft Wing |
| MD | Doctor of Medicine |
| MHS | Military Health System |
| MP&T | Manpower, Personnel, and Training |
| MSW | Master of Social Work |
| MTF | Medical Treatment Facility |
| NADDS | Navy Active Duty Delay Specialists |
| NCCPA | National Commission on Certification of Physician Assistants |
| NOTAL | Not to all |
| NPDB | National Practitioner Data Bank |
| NRC | Nuclear Regulatory Commission |
| OIC | Officer in Charge |

| | |
|---|---|
| PA | Physician Assistant |
| PAC | Professional Affairs Coordinator |
| PAP | Papanicolaou, G. |
| PAR | Performance Appraisal Report |
| PAS | Privacy Act Statement |
| PCS | Permanent Change of Station |
| PhD | Doctor of Philosophy |
| PPIS | Personal and Professional Information Sheet |
| PRD | Projected Rotation Date |
| PSV | Primary Source Verification |
| RDH | Registered Dental Hygienist |
| REDCOMS | Reserve Readiness Commands |
| SSN | Social Security Number |
| TAD | Temporary Additional Duty |
| TMD | Tempomandibular Disorders |
| TTS | Through the Scope |
| UENMSE | Upper Extremity Neuromusculoskeletal Evaluator |
| USUHS | Uniformed Services University of the Health Sciences |

# APPENDIX A

## PERFORMANCE APPRAISAL REPORT

**SECTION I. ADMINISTRATIVE DATA**

Reporting Activity: Period covered:

Practitioner Name/Grade/SSN/Designator:

Specialty: Department: Position:

Purpose of Report:

_____Granting Staff Appointment _____Renewal of Staff Appointment
_____TAD _____AT/ADSW/ADT
_____Transfer/Separation/Termination _____Plan of Supervision (POS)
_____Other (specify in section X)

ICF has been reviewed: ___Yes ___No ___Unavailable for review

Contents are current as required by BUMEDINST 6320.66D: ___Yes ___No

**SECTION II. PRIVILEGES BEING EVALUATED (See privilege sheets dated _____)**

| Specialty | Core | Supplemental | Itemized |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Privilege information based on ___ privilege sheets or ___appendix N (ICTB)

**CLINICAL PERFORMANCE PROFILE**

**SECTION III. PRACTICE VOLUME DATA**

a. # of admission or outpatient encounters _____/_____

b. # of days unavailable due to TAD deployment, etc. _____

c. # of major or selected procedures _____

d. Percent of time in direct patient care _____

**SECTION IV. MEDICAL STAFF QUALITY MANAGEMENT MEASURES**

| Within Standards | Yes | No |
|---|---|---|
| a. Surgical/Invasive/Noninvasive Procedures Review | _____ | _____ |
| b. Blood/Blood Components Utilization Review | _____ | _____ |
| c. Drug Utilization Review | _____ | _____ |
| d. Medical Record Pertinence Review (administrative) | _____ | _____ |
| e. Medical Record Peer Review (numbers per MRR): | _____ | _____ |

**Comments**

_____

_____

**SECTION V. DENTAL STAFF QUALITY MANAGEMENT MEASURES**

| Within Standards | Yes | No |
|---|---|---|
| a. Dental Procedures Review | _____ | _____ |
| b. Drug Utilization Review | _____ | _____ |
| c. Dental Record Pertinence Review | _____ | _____ |

d. Dental Record Peer Review: _____ # Procedures Reviewed
_____ # Procedures Deficient

**Comments**

_____

_____

**SECTION VI. FACILITY WIDE MONITORS**

| Facility Wide Monitors | Sat | Unsat | Not Obs |
|---|---|---|---|
| a. Utilization management | | | |
| b. Infection control | | | |
| c. Incident reports/management variance reports | | | |
| d. Patient contact/satisfaction program | | | |
| e. Risk management activities | | | |

Note: For any item marked "unsatisfactory" in section VI, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION VII. PROFESSIONAL DEVELOPMENT**

a. # of continuing education credit hours awarded _____.

b. # of papers published and professional presentations _____.

c. Other recognition of positive professional achievement (attach explanation/comments).

**SECTION VIII. PROFESSIONAL EVALUATION ELEMENTS**

| Evaluation Elements | Sat | Unsat | Not Obs |
|---|---|---|---|
| a. Basic professional knowledge | | | |
| b. Technical skill/competence | | | |
| c. Professional judgment | | | |
| d. Ethical conduct | | | |
| e. Participation in staff, department and committee meetings | | | |
| f. Ability to work with peers and support staff | | | |
| g. Ability to supervise peers and support staff | | | |

Note: For any item in section VIII marked "unsatisfactory" provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION IX. PRIVILEGING ACTIONS**

| To your knowledge, has the practitioner (at this activity) | Yes | No |
|---|---|---|
| a. Had privileges or staff appointment adversely denied, suspended, reduced, or revoked? | | |
| b. Been the primary subject of an investigation? | | |
| c. Provided substandard care as substantiated through one of the actions in item b? | | |
| d. Required counseling, additional training or special supervision? | | |
| e. Failed to obtain appropriate consultation? | | |
| f. Been the subject of a disciplinary action for misconduct? | | |
| g. Required modification of practice due to health status? | | |
| h. Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder? | | |

Note: For any item in section IX marked “yes”, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION X. CLINICAL COMPETENCY CORE PRIVILEGES:** Address overall clinical competency of this provider (attach additional sheets and identify section as needed)

_____

_____

_____

_____

**SECTION XI. CLINICAL COMPETENCY SUPPLEMENTAL PRIVILEGES**: Address overall clinical competency of each supplemental privilege granted. (attach additional sheet if needed).

_____

_____

_____

_____

**SECTION XII. COMMENTS**: If the answer to any of the questions in section VI, VII or IX is “unsatisfactory” or “yes" provide full details below or on a separate sheet of paper and attach to this form. Identify items by section and letter.

_____

_____

_____

_____

**SECTION XIII. PRIVILEGES AUTHORITY SIGNATURES**

| Title | Signature | Comments Attached | Date |
|---|---|---|---|
| Department Head/Senior Medical Officer (SMO)/Senior Dental Officer (SDO) | | | |
| Practitioner | | | |
| Directorate | | | |
| Chair, Credentials Committee | | | |
| Chair, ECOMS/ECODS | | | |

# Appendix A

## PERFORMANCE APPRAISAL REPORT

## PREVENTIVE MEDICINE/POPULATION HEALTH

**SECTION I.**

Reporting Activity: _____Period covered to: _____

Practitioner Name/Grade/SSN/Designator: _____

Specialty:_____ Department: _____ Position:_____

Purpose of Report:

_____Granting Staff Appointment _____TAD _____Transfer/Separation/Termination

_____Renewal of Staff Appointment _____AT/ADSW/ADT _____Other (Specify In section X)

ICF has been reviewed: _____Yes _____No _____Unavailable for review

Contents are current as required by BUMEDINST 6320.66 series: _____Yes _____No

**SECTION II. PRIVILEGES BEING EVALUATED** (See privilege sheets dated_____)

| Specialty | Core | Supplemental | Itemized |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Privilege information based on_____ privilege sheets or_____ appendix CTB (check one).

## POPULATION-BASED PERFORMANCE PROFILE

**SECTION III. PRACTICE VOLUME DATA**

a. # of individual patient preventive medicine encounters _____

b. # of population health encounters (group) _____

c. # of days TAD/deployed for preventive medicine support or population health improvement _____

d. # of deployments for support of operational forces _____

e. # of outbreak investigations or other epidemiology studies performed _____

f. Percent of time in preventive medicine or population health practice _____

**SECTION IV. MEDICAL STAFF QUALITY MANAGEMENT MEASURES (COMMENTS)**

a. Surveillance Procedures, Data Collection / Analysis / Interpretation_____

b. Epidemiological and biostatistical methods _____

c. Investigation of epidemics / other health-related events_____

d. Assess disease and health risk factors _____

e. Individual and group education _____

f. Design and implementation of intervention to reduce risk_____

g. Medication indications, use, and outcomes _____

**SECTION IV. MEDICAL STAFF QUALITY MANAGEMENT MEASURES (COMMENTS) – (Continued)**

h. Worksite and community-based health promotion activities_____

i. Population Health Reports _____

j. Medical Record Peer Review: _____# Records Reviewed _____# Records Deficient

_____

_____

_____

**SECTION V.**

| Population Based Monitors | Sat | Unsat | Not Obs |
|---|---|---|---|
| a. Utilization management | | | |
| b. Infection control | | | |
| c. Incident Reports/Management Variance Reports | | | |
| d. Patient Contact/satisfaction program | | | |
| e. Risk Management Activities | | | |

NOTE: For any item marked "Unsatisfactory" in section VI and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION VI. PROFESSIONAL DEVELOPMENT**

a. # of continuing education credit hours awarded.....____

b. # of papers published.....____

c. # of professional presentations .....____

d. Other recognition of positive professional achievements (attach explanation/comments)

**SECTION VII.**

| Evaluation Elements | Sat | Unsat | Not Obs |
|---|---|---|---|
| a. Basic professional knowledge | | | |
| b. Technical skill/competence | | | |
| c. Professional judgement | | | |
| d. Ethical conduct | | | |
| e. Participation in staff, department, committee meetings | | | |
| f. Ability to work with peers and support staff | | | |
| g. Ability to supervise peers and support staff | | | |

NOTE: For any item marked "Unsatisfactory" in sections IV and VIII, provide full details in section XII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION VIII.** If the answer to any of the following questions is "Yes" provide full details in section XIII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

| To your knowledge, has the practitioner (at this activity) | Yes | No |
|---|---|---|
| a. Had privileges or staff appointment adversely denied, suspended, limited, or revoked? | | |
| b. Been the primary subject of a malpractice claim, action, JAGMAN investigation, or informal command investigation or inquiry? | | |
| c. Had substandard care substantiated through one of the actions in b? | | |
| d. Required counseling, additional training, or special supervision? | | |
| e. Failed to obtain appropriate consultation? | | |
| f. Been the subject of a disciplinary action for misconduct? | | |
| g. Required modification of practice due to health status? | | |
| h. Been diagnosed as being alcohol dependent or having an organic mental disorder or psychotic disorder? | | |

**SECTION IX.** Address overall Preventive Medicine and Population Health competency of this provider (attach additional sheets and identify section as needed)

_____

_____

_____

_____

**SECTION X.** Address overall Preventive Medicine and Population Health competency for each supplemental privilege granted (attach additional sheets and identify section as needed)

_____

_____

_____

_____

**SECTION XI. PRIVILEGES AUTHORITY SIGNATURES**

| | Signature | Comments Attached | Date |
|---|---|---|---|
| Dept. Head/SMO/OIC | | | |
| Practitioner | | | |
| Director / Officer in Charge | | | |
| Chair, Credentials Committee | | | |
| Chair, ECOMS | | | |

# APPENDIX A

## PERFORMANCE APPRAISAL REPORT

## REGISTERED DENTAL HYGIENISTS (RDH) AND DENTAL TECHNICIANS (DT) (ORAL PROPHYLAXIS)

**SECTION I. ADMINISTRATIVE DATA**

a. Reporting Activity/Branch:

b. Period Covered:

c. Practitioner Name/Grade/SSN/Designator:

d. Status: _____Government Service (GS) _____Contract _____Military

e. Purpose: _____Periodic _____Transfer _____Termination/Record Closure

f. IPF Reviewed: ___Yes ___No

g. Contents Current and Complete per BUMEDINST 6320.66D: ___Yes ___No

**CLINICAL PERFORMANCE PROFILE**

**SECTION II. PRACTICE VOLUME DATA**

a. Patient Sittings (09973)

b. Procedures Reported Dental Management Information System (DENMIS) "Credentials Report" Total

| | |
|---|---|
| 01110 | Adult Prophylaxis |
| 01204 | Topical Fluoride Application without Prophylaxis |
| 01205 | Topical Fluoride Application with Prophylaxis |
| 01310 | Dietary Counseling |
| 01320 | Tobacco Counseling |
| 01330 | Individual Oral Health Counseling |
| 01351 | Pit and Fissure Sealants |
| 04341 | Periodontal Scaling/Root Planing (RDH/DT 8705) |

c. Dental Record Reviews (#Discrepancies/#Items Reviewed) ____/_____

d. Use Of Local Anesthetic Agent Authorized: ____ Yes ____ No

If Yes, # of 09210s (local anesthesia) reported during evaluation period.

**SECTION III. FACILITY WIDE MONITORS**

| Facility Wide Monitors | Sat | Unsat | Not Obs |
|---|---|---|---|
| a. Utilization management | | | |
| b. Infection control | | | |
| c. Patient contact/satisfaction program | | | |
| d. Risk management activities | | | |

Note: For any item in section III marked "unsatisfactory", provide full details in section VII or on a separate sheet of paper. Identify items by section and letter.

| **Compliments:** | # | **Comments:** |
|---|---|---|
| | | |
| | | |
| **Complaints:** | # | **Comments:** |
| | | |
| | | |

**SECTION IV. PROFESSIONAL DEVELOPMENT**

a. # of continuing education credit hours awarded _____.

b. # of papers published and professional presentations _____.

c. Other recognition of positive professional achievement (attach explanation/comments).

**Section V. EVALUATION ELEMENTS**

| Facility Wide Monitors | Sat | Unsat | Not Obs |
|---|---|---|---|
| a. Basic professional knowledge | | | |
| b. Technical skill/competence | | | |
| c. Professional judgment | | | |
| d. Ethical conduct | | | |
| e. Participation in staff, department, and committee meetings | | | |
| f. Ability to work with peers and support staff | | | |
| g. Ability to work staff | | | |

Note: For any item in section V marked "unsatisfactory", provide full details in section VII or on a separate sheet of paper. Identify items by section and letter.

**SECTION VI. PERFORMANCE AND HEALTH EVALUATION**

| To your knowledge, has the practitioner at this activity | Yes | No |
|---|---|---|
| a. Been the primary subject of an investigation? | | |
| b. Provided substandard care as substantiated through one of the actions in item a? | | |
| c. Required counseling, additional training or special supervision? | | |
| d. Failed to obtain appropriate consultation? | | |
| e. Required modification of practice due to health status? | | |
| f. Been the subject of a disciplinary action for misconduct? | | |
| g. Been diagnosed as being alcohol dependent or having a organic mental disorder or psychotic disorder? | | |

Note: For any item in Section VI marked "yes", provide full details in section VII or on a separate sheet of paper and attach to this form. Identify items by section and letter.

**SECTION VII. COMMENTS**

Use this section to document any responses from sections III, V, and VI that require clarification. Also provide a written narrative of any trends (positive or negative) noted during this evaluation period.

_____

_____

_____

_____

_____

_____

_____

_____

_____

**SECTION VIII. PRIVILEGES AUTHORITY SIGNATURES**

| Title | Signature | Comments Attached | Date |
|---|---|---|---|
| Department Head | | | |
| Provider | | | |
| Directorate | | | |

# APPENDIX B

## ICF AND IPF CONTENTS FOR NEW ACCESSIONS, EMPLOYEES ENTERING CIVIL SERVICE, CONTRACTORS, AND OTHERS ENTERING INTO AN INITIAL CONTRACT OR AGREEMENT

1. Evidence of qualifying degrees needed for the performance of clinical privileges, e.g., Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Dental Surgery (DDS), Doctor of Medical Dentistry (DMD), Doctor of Philosophy (PhD), Master of Social Work (MSW), Bachelor of Science in Nursing (BSN), master's or doctoral nursing degree. For physician graduates of foreign medical schools, other than approved schools in Canada and Puerto Rico, evidence of passing the FMGEMS or the examination of the ECFMG or completing Fifth Pathway, unless the practitioner entered civil service before 1 September 1984, constitutes the qualifying degree. Independent verification of these documents is required.

2. Evidence of postgraduate training, e.g., internship, residency, fellowship or nurse anesthesia. Independent verification of these documents is required.

3. Evidence of state licensure. A listing of all health care licenses held within the last 10 years, including an explanation for any license that is not current or that has terminated or lapsed, voluntarily or involuntarily. The current status of all licenses held by practitioners within the last 10 years shall be independently verified. For clinical support staff members, all licenses held within the last 10 years must be primary source verified. For licenses not current, include explanation as to why license has been terminated or lapsed, voluntarily or involuntarily.

4. Evidence of specialty board certifications, if applicable, and independent verification of these documents. Clinical support staff nursing certifications do not require independent verification.

5. A listing of practice experience to account for all periods of time following graduation from medical school, dental school, nursing school, etc.

6. Evidence of current competence (letters of reference and a recent description of clinical privileges as concurred with by the directors of the facility in which the practitioner is or was practicing). The PAR contained in a practitioner's ICF serves as a letter of reference attesting to current competency for a practitioner coming from a Navy MTF/DTF.

7. Documentation of any medical malpractice claims, settlements, judicial, and/or administrative adjudications with a brief description of the facts of each case.

8. History of any disciplinary action by hospital, licensure or certification board, or other civilian agency. This shall include any resolved or open charges of misconduct, unethical practice, or substandard care.

9. Statement on physical and mental health to include any history of drug or alcohol abuse.

10. Interview summary by at least one Navy Medical Department officer of the same or similar specialty.

11. A report from the NPDB.

# APPENDIX C

## TEMPLATE FOR LOCAL COMMAND IMPLEMENTING (NAVHOSP/MEDCLIN/DENCEN) INSTRUCTION 6320.__

Subj: CREDENTIALS REVIEW AND PRIVILEGING PROGRAM

Ref: (a) DOD Directive 6025.13 of 20 Jul 95
(b) BUMEDINST 6320.66D
(c) BUMEDINST 6320.67A
(d) JCAHO Accreditation Manual for Hospitals (NOTAL)
(e) JCAHO Accreditation Manual for Ambulatory Care (NOTAL)
(f) BUMEDINST 6010.17A
(g) SECNAVINST 6401.2A
(h) DOD Directive 6040.37 of 9 Jul 96

1. Purpose. To provide a credentials review and privileging instruction per references (a) through (g).

2. Cancellation. Existing local credentials review and privileging instruction, and medical staff policies and procedures.

3. Applicability. This instruction applies to all military (active duty and Reserve) and civilian health care practitioners and clinical support staff who are assigned (including volunteers), employed or contracted to this facility or who are enrolled in a Navy-sponsored training program.

4. Policy

a. Licensure, certification, or registration is a qualification for employment and commission as an uniformed health care provider in the MHS and is required the entire period of employment and commission regardless of assignment, billet type or duties and responsibilities, e.g., clinical, research, executive medicine or business administration. Since licensure, certification, or registration is an employment and commissioning requirement, this requirement remains in effect even if the individual moves from direct patient care into a non-clinical assignment or duties. Per reference (a), DON policy states all health care practitioners responsible for making independent decisions to diagnose, initiate, alter or terminate a regimen of medical or dental care within the scope

of their licensure or certification are subject to credentials review and must be granted a professional staff appointment with clinical privileges by a designated privileging authority before providing care independently. Practitioners must possess a current, valid, unrestricted license or certificate, a license or certificate exemption, or be specifically authorized to practice independently without a license or certificate or exemption of same, as prescribed in reference (f), to be eligible for a professional staff appointment with clinical privileges.

b. Per reference (a), health care providers whose professional impairment or misconduct may adversely affect their ability to provide safe, quality care must be immediately removed from direct patient care activities. This is not only a regulatory requirement but a moral and ethical responsibility of the officials involved.

5. Scope. This instruction provides for local implementation of the scope of functions described in references (b) and (c). Specifically:

a. Application for appointment to the professional staff and request for clinical privileges.

b. Mechanisms for professional staff appointment and the delineation of clinical privileges.

c. Clinical privilege sheets including core privileges.

d. Handling, maintenance, storage and disposal of ICFs and IPFs.

e. Roles and responsibilities for:

(1) The commanding officer.

(2) The ECOMS/ECODS.

(3) The Credentials Committee (if applicable).

(4) Directors.

(5) Department heads.

(6) Professional Affairs Coordinator.

(7) Health care practitioner or provider.

f. Mechanisms for personnel transfer, TAD, or PCS.

g. Mechanisms to ensure all health care providers meet the licensure, certification, or registration requirement regardless of assignment, billet type, or duties and responsibilities.

6. Responsibilities. Responsibilities for key personnel identified in paragraph 5e of this instruction are described in reference (b). These key individuals and committee members are expected to be thoroughly familiar with references (b) through (f). Per reference (f), the professional staff has primary cognizance for the effective, efficient and active implementation of this instruction. For commands desiring to have a Credentials Committee, add: In light of the size and complexity of this command, the professional staff has elected to use a Credentials Committee to support the ECOMS/ECODS in its execution of responsibilities related to credentials review and privileging. The Credentials Committee consists of _____ (number) members nominated by the professional staff and appointed by the commanding officer annually.

7. Confidentiality. Reference (h) specifies confidentiality of medical quality assurance and quality management records within the DON and shall be followed.

8. Action. References (b), (c), (f), and (h) must be immediately made available to key personnel in paragraph 5e.

# APPENDIX D

## FORMAT FOR DEPARTMENTAL CRITERIA FOR INITIAL STAFF, ACTIVE STAFF, AFFILIATE STAFF, AND ACTIVE STAFF REAPPOINTMENT WITH CLINICAL PRIVILEGES

The privileging authority shall prepare a list of criteria such as provided in this example for each specific kind of appointment (initial, active, affiliate, renewal of active). The number of cases to be performed or reviewed, type of training, etc., shall be specific to the kind of appointment and is expected to differ due to widely varying time periods and levels of expertise.

Department: _____

Approved by ECOMS/ECODS on: _____(date)

1. Criteria for (insert kind of appointment)

a. Qualifying degree - MD, DDS, ECFMG, or FMGEMS.

b. Postgraduate training - internship, residency, or fellowship.

c. Current licensure, certification, or specific exemptions permitting independent practice.

d. Peer recommendations of current competence. Performance appraisal reports from previous DON MTFs/DTFs constitute peer recommendations.

e. Health status.

f. Interview with department head.

g. Review of applicant's ICF.

2. Criteria for clinical privileges

a. Core privileges - same as above criteria for a medical staff appointment.

b. Supplemental privileges (for specific privileges whose criteria exceed those for core privileges).

(1) Additional training required.

(2) Additional certification required.

c. Temporary privileges (granted for specific patient needs).

3. Criteria used to evaluate current competence during (insert type of appointment) staff appointment with clinical privileges. A proctor, assigned in writing by the department head, is given the responsibility for monitoring the criteria listed below.

a. Volume indicators (scope of care). Listing of number and types of cases to be reviewed (emphasis on selected privileges).

(1) Direct observation.

(2) Medical or dental record review.

b. Results of quality management activities

(1) Sentinel or rate-based events (departmental and facility-wide).

(2) Professional staff monitors, as applicable.

(3) Facility-wide monitors.

(4) Performance improvement reviews.

(5) Risk management activities (health care reviews, JAGMANs, malpractice claims).

(6) Patient complaints and patient satisfaction data.

c. Compliance with professional staff bylaws, policies, procedures and code of ethics.

d. Health status.

e. Staff participation in committee or departmental meetings (minimum of _____ percent attendance).

f. Participation in continuing professional education (may include minimum number of hours and subjects).

# APPENDIX E

## CLINICAL PRIVILEGE SHEETS FOR PHYSICIANS

1. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care, i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

a. Core privileges

(1) Constitute a single entity. This is not a list from which applicants may choose the privileges they wish to request. Indicate with a double asterisk (**) any facility-limited core privileges on the privilege sheet.

(2) Describe the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and must not be modified by MTFs/DTFs. Forward suggested modifications to core privileges to the Deputy Chief, Medical Operations Support via the appropriate specialty leader.

b. Supplemental privileges

(1) Are delineated on an item-by-item basis. Provider must write “yes” or “no” beside the supplemental privilege, on the privilege sheet. The area labeled “other” is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by MTFs/DTFs by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets appropriate for their clinical specialty.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation to the degree permitted by their licensure, training, applicable law and Navy regulations.

4. While not identified specifically in each core privilege list, all physicians with current staff appointments are authorized to perform clinical histories and physical examinations.

5. Criteria for physician core privileges

a. Graduation from a medical school in the United States, Canada, or Puerto Rico approved by the Liaison Committee on Medical Education of the AMA or graduation from a college of osteopathy approved by the American Osteopathic Association (AOA). Graduates of medical schools other than those listed above must have passed either the FMGEMS or the ECFMG or have completed Fifth Pathway.

b. Completion of a GME-1 program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA.

c. Completion of a residency approved by an American specialty board or the AOA, board certification, or board qualified. (For specialty core privileges.)

d. Possession of an active, valid, unrestricted license, licensure exemption, or specifically authorized to practice independently without a license per reference (e).

e. Current clinical competence.

f. No health status contraindications to granting clinical privileges as delineated.

6. Criteria for physician supplemental privileges

a. Criteria for core privileges.

b. Criteria for supplemental privileges of primary care sports medicine.

(1) Completion of an accredited primary care residency and privileged in the specialty of family practice, pediatrics, internal medicine or emergency medicine.

(2) Completion of a primary care sports medicine fellowship accredited by the Residency Review Committee (RRC) of the ACGME or AOA, and/or within the eligibility limit (3 years) to take the sports medicine examination for certification, as set forth by the American Board of Family Practice or the AOA.

(3) Primary care sports medicine privileges are not to be used as a core specialty privilege list. They are to be used only as supplemental privileges in conjunction with the core privileges granted in family practice, pediatrics, internal medicine or emergency medicine. Primary care sports medicine privileges must be granted on an item-by-item basis. The provider must write “yes” or “no” by each supplemental privilege.

c. Compliance with departmental-specific (specialty) criteria endorsed by the ECOMS/ECODS and approved by the privileging authority.

7. Core privilege sheets are included in this appendix for the following specialties:

Aerospace Medicine
Allergy and Immunology
Anesthesiology
Cardiology
Cardiothoracic Surgery
Critical Care Medicine
Dermatology
Emergency Medicine
Endocrinology
Family Practice
Flight Surgery
Gastroenterology
General Surgery
Hematology
Infectious Disease
Internal Medicine
Neonatology
Nephrology
Neurology

Neurosurgery
Nuclear Medicine
Obstetrics and Gynecology
Occupational Medicine
Oncology
Operational Medicine and Primary Care Medicine
Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pediatrics
Pediatric Surgery
Peripheral Vascular Surgery
Physical Medicine and Rehabilitation
Plastic Surgery
Preventive Medicine
Primary Care Sports Medicine (Offered as supplemental privilege only, see paragraph 6b(3) above.)
Psychiatry
Pulmonary Medicine
Diagnostic Radiology
Therapeutic Radiology
Rheumatology
Undersea Medicine
Urology

DEPARTMENT OF THE NAVY

# AEROSPACE MEDICINE - CORE PRIVILEGES

Professionals in Aerospace Medicine provide services that focus on preventing injury to aviation personnel. They manage the medical departments which clinically support large operational units such as carrier battle groups and Marine Aircraft Wings.

## Operational Medicine and Primary Care Medicine Core Privileges
## Flight Surgeon Core Privileges

Identification, management and aeromedical disposition of:

* Drug and alcohol abuse
* Situational stressors, such as marital discord and financial problems
* Treatment of acute and chronic illnesses that may adversely affect flight safety
* Psychiatric conditions, including psychoses, neuroses, affective disorders and character disorders
* Physical conditions that may impair flight safety
* Occupational and environmental diseases
* Diseases of lifestyle

Diagnostic, therapeutic, and management procedures:

* Management of departments performing comprehensive aviation physical examinations
* Management and training of personnel for mass casualty situations
* Development and conduct of medical training programs
* Management of radiation health programs and radiation-contaminated casualties
* Assessment of disease and injury risk of individuals and groups
* Implementation of preventive medicine interventions
* Application of epidemiologic and biostatistical methods to investigate epidemics and other health-related occurrences
* Planning, implementation and management of aeromedical programs within squadrons, carrier air groups, ships and air wings
* Acquisition, maintenance, and distribution of supplies, equipment and medications indicated on authorized medical allowance lists (AMAL)
* Advanced aircraft investigation services and consultation
* Medical contingency planning for deployment of medical personnel and supplies

DEPARTMENT OF THE NAVY

**AEROSPACE MEDICINE - CORE PRIVILEGES**

(Continued)

* Management of programs for prescribing and administering mass treatments, immunizations and medications to control or prevent epidemics
* Management and administration of health risk assessment programs or health screening programs
* Surveillance programs for disease and injuries

**AEROSPACE MEDICINE - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ALLERGY AND IMMUNOLOGY - CORE PRIVILEGES**

Comprehensive examination, consultation, diagnosis and treatment of disorders of the immune system, to include:

* Performance and interpretation of diagnostic testing for immediate hypersensitivity disease (skin testing, challenges)
* Performance and interpretation of diagnostic testing for reactive airway disease and asthma (e.g., spirometry, flow-volume loops exercise challenges for bronchospasm)
* Performance and interpretation of delayed hypersensitivity skin testing for immune deficiency diseases
* Desensitization for penicillin, insulin and related hypersensitivity diseases
* Infusion of replacement products (e.g., intravenous gamma globulin and its products) for immune deficiency diseases

**ALLERGY AND IMMUNOLOGY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Performance and interpretation of diagnostic fiberoptic rhinolaryngoscopy
_____ Performance and interpretation of methacholine challenge for determination of airway hyperreactivity

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

# ANESTHESIOLOGY - CORE PRIVILEGES

Only physicians fully trained in anesthesia may use this anesthesia privilege sheet. Other practitioners assigned to provide anesthesia services must add any required privileges to the supplemental privilege section on their specialty privilege sheets.

Comprehensive medical management of patients in all age groups to be rendered unconscious or insensitive to pain and emotional stress during surgical, obstetrical, dental and certain medical procedures. This includes preoperative, intraoperative, and postoperative examination, consultation, management, monitoring, evaluation, and treatment:

* Management of fluid, electrolyte, and metabolic parameters
* Resuscitation
* Management of malignant hyperthermia
* Manipulation of cardiovascular parameters
* Diagnostic and therapeutic management of acute and chronic pain
* Manipulation of body temperature
* Intravenous conscious sedation
* Sedation and analgesia
* Management of hypovolemia from any cause
* Management of unconscious patients
* Management of respiratory parameters, including mechanical ventilation
* Basic patient management in intensive care units
* Provision of consultative services to other medical specialists and to non-physician anesthesia providers as required

Procedures:

* Local and regional anesthesia with or without sedation, including topical and infiltration, minor nerve blocks, intravenous blocks, spinal, epidural, caudal and major nerve blocks. This includes obstetric analgesia and anesthesia, and spinal and epidural narcotic administration for postoperative pain relief

DEPARTMENT OF THE NAVY
**ANESTHESIOLOGY - CORE PRIVILEGES**
(Continued)

* General anesthesia, including insertion and interpretation of invasive hemodynamic monitoring, respiratory therapy, including long term ventilatory support and airway management, including fiberoptic bronchoscopy and cricothyroidotomy. This includes insertion of central lines for vascular access.

**ANESTHESIOLOGY – SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

_____ Permanent nerve blocks
_____ Critical care medicine (attach specific privileges list)
_____ Multidisciplinary direction of pain management

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

## CARDIOLOGY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis, and treatment of cardiac disease

* Holter monitor/event interpretation
* M-mode echocardiographic interpretation
* 2-D echocardiographic interpretation
* Doppler ultrasound interpretation
* Insertion of a pericardial catheter drain
* Insertion of a right atrial wire for rhythm determination
* Right heart catheterization
* Cardioversion, elective
* Exercise cardiovascular stress testing
* Temporary pacemaker insertion conscious
* Conscious sedation

## CARDIOLOGY - SUPPLEMENTAL PRIVILEGES

**Write “Yes” or “No” by each supplemental privilege**

_____ Left heart catheterization
_____ Coronary angiography
_____ Pulmonary angiography
_____ Electrophysiologic testing
_____ Percutaneous transluminal coronary angioplasty
_____ Valvuloplasty
_____ Permanent pacemaker insertion
_____ Balloon pump insertion
_____ Transesophageal echocardiography
_____ Directional coronary atherectomy
_____ Rotating coronary atherectomy
_____ Intracoronary stent placement
_____ Intracoronary echocardiography
_____ Exercise radioisotope cardiac imaging tests
_____ Pharmacological radioisotope cardiac imaging tests
_____ Stress echocardiography
_____ Intracoronary brachytherapy
_____ Implantable cardioverter defibrillator insertion
_____ Intracoronary flow wire

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**CARDIOTHORACIC SURGERY - CORE PRIVILEGES**

Surgical management of the following:

Chest Wall and Diaphragm (open and/or thoracoscopic techniques):

* Resection of tumor (including rib mass)
* Thoracoplasty
* Plastic reconstruction (including pectus)
* Reconstruction chest wall
* Repair chest wall hernia
* Repair of sternal fracture
* Resection of sternum
* Thoracic outlet syndrome relief
* Diaphragmatic hernia repair-congenital, acquired or traumatic
* Diaphragm plication
* Diaphragm resertion and/or reconstruction

Lung, Pleura and Airway (open and/or thoracoscopic techniques):

* Pneumonectomy
* Lobectomy
* Segmental pulmonary resertion
* Wedge pulmonary resertion
* Resection of bleb or bullous disease
* Exploratory thoracotomy and biopsy
* Repair of rupture or laceration
* Decortication/pleurectomy/pleural abrasion
* Mediastinal tracheostomy
* Cavernostomy
* Closure of bronchopleural fistula
* Resection of stricture or tumor
* Drainage of lung abscess
* Bronchoplastic procedures
* Tracheostomy (open or percutaneous)
* Resection of pleural tumor
* Resection of pulmonary cyst
* Exploration for bleeding (postoperative or other)
* Drainage of empyema (rib resection/Eloesser flap)
* Exploration for blunt or penetrating trauma

DEPARTMENT OF THE NAVY

**CARDIOTHORACIC SURGERY - CORE PRIVILEGES**

(Continued)

Mediastinum (open and/or thoracoscopic techniques):

* Excision of tumor or cyst
* Thymectomy
* Closure of thoracic duct
* Drainage of mediastinal abscess
* Exploration for blunt or penetrating trauma
* Mediastinoscopy
* Exploration for bleeding (postoperative or other)
* Transthoracic vagotomy
* Pericardial window
* Anterior spinal fusion
* Transvenous or epicardial pacemaker insertion
* Sympathectomy
* Mediastinotomy

Esophagus (open, thoracoscopic and/or laparoscopic techniques):

* Resection or bypass for tumor or stricture
* Correction of gastroesophageal reflux
* Correction of stricture (open resection or transluminal dilators)
* Excision of diverticulum
* Revision of bypass
* Correction of esophageal atresia or tracheoesophageal fistula
* Closure of fistula
* Ligation of varices
* Repair or drainage of perforation or rupture
* Use of stomach, small or large bowel for esophageal reconstruction
* Myotomy

Endoscopy:

* Bronchoscopy – rigid or flexible
* Flexible esophagogastroduodenoscopy
* Rigid esophagoscopy
* Drainage of mediastinal abscess

DEPARTMENT OF THE NAVY

**CARDIOTHORACIC SUPPLEMENTAL PRIVILEGES**

(Continued)

Cardiac and Associated Vascular:

_____ Establishment and maintenance of cardiopulmonary bypass
_____ Patent ductus arteriosus closure
_____ Ventricular septal defect closure
_____ Correction of coarctation
_____ Shunting procedures
_____ Atrial septal defect closure
_____ Coronary artery fistula closure
_____ Vascular ring interruption
_____ Value repair/replacement
_____ Coronary artery bypass/endarterectomy
_____ Ventricular remodeling procedure
_____ Cardiac tumor resection
_____ Insertion of cardiac assist advice
_____ Pericardiectomy
_____ Repair of cardiac or great vessel laceration of perforation
_____ Open or stent graft replacement of aortic aneurysm
_____ Removal of foreign body
_____ Arrhythmia ablation procedures

Other Vascular:

_____ Embolectomy
_____ Endarterectomy
_____ Repair or excision of aneurysm
_____ Vascular graft or prosthesis construction
_____ Insertion intra-aortic balloon pump (open or percutaneous)
_____ Caval filter or interruption (open or percutaneous)
_____ Complex congenital cardiac disease reconstruction/repair
_____ Cardiac transplant
_____ Lung transplant
_____ Intraoperative use of lasers

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

## CRITICAL CARE MEDICINE - CORE PRIVILEGES

Comprehensive therapy of patients requiring critical care including:

* Bag mask ventilation, supplemental oxygenation and airway control
* Intubation and mechanical ventilation
* Use of all modes of mechanical ventilation, including continuous positive airway pressure (CPAP), BiPAP, and non-invasive ventilation
* Tracheostomy care
* Chest physiotherapy and therapeutic maneuvers
* Electrocardiogram interpretation
* Enteral and parenteral nutritional support
* Use and setup of amplifiers, recorders, transducers, metabolic, respiratory and hemodynamic monitors
* Management of intra-aortic assist devices
* Invasive and noninvasive cardiac output measurement
* Perioperative management
* Thrombolytic therapy
* Interpretation and management of intracranial pressure monitoring
* Interpretation and management of acid-base disturbances
* Use of blood component therapy
* Burn care
* Conscious sedation, analgesia and the use of neuromuscular blocking agents

## CRITICAL CARE MEDICINE - SUPPLEMENTAL PRIVILEGES
**Write “Yes” or “No” by each supplemental privilege**

____Renal replacement therapies, including CAVH, CAVHD
____Intra-aortic balloon assist device insertion and setup
____Exchange transfusion
____Neonatal resuscitation
____Application of hypothermic therapy
____Autotransfusion therapies
____Pneumatic antishock garment application
____Fiberoptic bronchoscopy
____Rigid bronchoscopy
____Thoracoscopy

DEPARTMENT OF THE NAVY

**CRITICAL CARE MEDICINE - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**
(Continued)

____Bladder aspiration
____Upper endoscopy
____Bone marrow aspiration and biopsy
____Echocardiography
____Percutaneous tracheostomy
____Surgical tracheostomy
____Percutaneous endoscopic gastrostomy tube placement
____Peritoneal lavage
____Vascular ultrasound for intravenous and intra-arterial catheter placement

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

# DERMATOLOGY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis and treatment of dermatologic disorders including:

* Dermatitis
* Acne
* Verrucae
* Superficial fungal infections
* Cutaneous viral infections
* Cutaneous infestations (e.g., lice, scabies)
* Pyodermas
* Drug eruptions
* Contact dermatitis
* Common dermatoses (e.g., psoriasis, lichen planus)
* Routine venereal diseases
* Uncomplicated skin cancer
* Routine benign skin tumors
* Advanced or complicated venereal disease
* Unusual cutaneous infection (e.g., leprosy, deep fungal)
* Cutaneous manifestations of internal disease

Diagnostic tests:

* Darkfield microscopy
* Tzanck smear
* Fungal culture
* Scabies prep
* Potassium hydroxide testing
* Patch testing
* Wood's light examination
* Gram stain
* Phototesting

Procedures:

* Punch biopsy
* Uncomplicated excisions
* Curettage
* Shave biopsy and excision
* Basic electrosurgery
* Basic cryotherapy for benign conditions
* Ultraviolet B therapy

DEPARTMENT OF THE NAVY

**DERMATOLOGY - CORE PRIVILEGES**

(Continued)

* Ultraviolet A therapy
* Psoralen ultraviolet therapy
* Advanced cryotherapy

**DERMATOLOGY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

Diagnosis and therapy of:

_____ Immunodermatology (fellowship required)
_____ Advanced or complicated skin cancer
_____ Dermatopathology (fellowship required)

Procedures:

_____ Mohs micrographic surgery (fellowship required)
_____ Flaps
_____ Grafts
_____ Hair transplants
_____ Dermabrasions
_____ Chemical peeling
_____ Scalp reduction
_____ Liposuction
_____ Laser surgery
_____ Sclerotherapy

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**EMERGENCY MEDICINE - CORE PRIVILEGES**

Only physicians fully trained in emergency medicine can use this emergency medicine privileges sheet. Other physicians assigned to provide emergency services must add any additional required privileges to the supplemental privilege section of their specialty privilege sheet.

Diagnosis and treatment of:

* Emergency cardiopulmonary and trauma resuscitation
* Abdominal and gastrointestinal disorders
* Cardiovascular disorders
* Cutaneous disorders
* Disorders related to the immune system
* Disorders caused by biological agents
* Disorders due to chemical and environmental agents
* Hematological disorders
* Hormonal, metabolic, and nutritional disorders
* Disorders of the head and neck
* Disorders primarily presented in infancy and childhood
* Musculoskeletal disorders
* Nervous system disorders
* Psychobehavioral disorders
* Thoracic-respiratory disorders
* Urogenital disorders
* Administrative aspects of emergency medicine
* Prehospital or emergency medicine service care

Skills and procedures:

* Anesthesia: intravenous (upper extremity), local, and regional
* Parenteral sedation and analgesia
* Anoscopy
* Arthrocentesis
* Bladder catheterization: superapublic and transurethral
* Cannulation: artery and vein
* Cardiac defibrillation
* Cardiac massage closed
* Cardiac massage open
* Cardiac pacing: external, transthoracic, and transvenous
* Cardiorrhaphy
* Cardioversion

DEPARTMENT OF THE NAVY
**EMERGENCY MEDICINE - CORE PRIVILEGES**
(Continued)

Skills and procedures: (Continued)

* Central venous access via jugular, peripheral, subclavian, femoral, and cutdowns
* Placement of cervical traction tongs
* Cricothyrotomy
* Culdocentesis
* Delivery of newborn
* Electrocardiogram interpretation
* Endotracheal intubation: oral and nasal
* Esophageal obturator airway insertion
* Foreign body removal
* Fracture or dislocation reduction
* Fracture or dislocation immobilization
* Gastric lavage
* Heimlich maneuver
* Incision and drainage
* Intracardiac injection
* Laboratory studies and interpretation
* Laryngoscopy
* Lumbar puncture
* Nail trephination
* Nail removal
* Nasal cautery
* Nasal packing
* Nasogastric intubation
* Ocular tonometry
* Oxygen therapy
* Paracentesis
* Pericardiocentesis
* Pericardiotomy
* Peritoneal lavage
* Radiographic studies interpretation
* Ventilators: manual and mechanical
* Senkstaken-Blakemore tube placement
* Skin grafting
* Slit lamp examination
* Spinal immobilization

DEPARTMENT OF THE NAVY
**EMERGENCY MEDICINE - CORE PRIVILEGES**
(Continued)

* Swan-Ganz catheter insertion
* Thoracentesis
* Thoracostomy tube drainage
* Thoracotomy
* Wound debridement and repair
* Wound dressing

**EMERGENCY MEDICINE – SUPPLEMENTAL PRIVILEGES**

_____ Cesarean section-maternal perimortem
_____ Skull trephination-perimortem (recommended only when neurosurgery backup is not available within 30 minutes)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ENDOCRINOLOGY - CORE PRIVILEGES**

* Comprehensive examination, consultation, diagnosis and treatment of diseases of the endocrine system
* Management of hormone delivery systems
* Management of diabetes with home blood glucose monitoring
* Interpretation of static and dynamic endocrine function testing
* Analysis of lipoprotein phenotypes and interpretation of lipoprotein electrophoresis

**ENDOCRINOLOGY - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

_____ Fine needle aspiration biopsy of the thyroid
_____ Performance of dynamic endocrine testing
_____ Radioimmunoassay of specific hormones
_____ In vitro radioreceptor and tissue culture assays
_____ Bone biopsy
_____ Radioactive iodine therapy of Graves' disease and thyroid cancer
_____ Management of severely obese patients on hypocaloric diets
_____ Analysis and interpretation of bone mineral density

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**FAMILY PRACTICE - CORE PRIVILEGES**

Evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for prenatal care, vaginal delivery and postpartum care, including:

* Induction of labor and pitocin management
* Antepartum fetal monitoring
* Obstetrical ultrasound for determination of:
  - Amniotic fluid index
  - Fetal viability, position
* Repair of obstetric lacerations
* Manual removal of the placenta, postdelivery
* External and internal fetal monitoring
* Management of uncomplicated labor
* Management of spontaneous vaginal delivery
* Arrest of active phase of labor
* Preeclampsia, mild and moderate
* Episiotomy and repair
* Postpartum hemorrhage
* Postpartum endometritis
* Cesarian section, first assistant

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for care of the newborn, including:

* Neonatal resuscitation and intubation
* Newborn circumcision
* Sepsis
* Hyperbilirubinemia
* Respiratory distress syndrome

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for adult medical care, including:

* Cardiopulmonary resuscitation
* Management of intensive care unit (ICU) and cardiac care unit patients
* Stress electrocardiography
* Asthma
* Serum sickness
* Coronary artery disease

DEPARTMENT OF THE NAVY

**FAMILY PRACTICE - CORE PRIVILEGES**

(Continued)

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for adult medical care, including: (Continued)

* Myocardial infarction, not complicated by serious arrhythmias or severe cardiac decompensation
* Congestive heart failure
* Rheumatic heart disease
* Cardiac monitoring
* Interpretation of electrocardiograms
* Collagen vascular diseases
* Peptic ulcer disease
* Gastrointestinal bleeding, acute and chronic
* Intestinal obstruction, diagnosis
* Cholecystitis
* Pancreatitis
* Ulcerative colitis
* Thrombophlebitis
* Anemia, chronic
* Leukemia, chronic
* Thrombocytopenia
* Hepatitis
* Cirrhosis
* Hypertension
* Diabetes mellitus
* Diabetic ketoacidosis
* Diabetic hyperosmolar coma
* Thyroid diseases
* Pneumonia
* Emphysema
* Pneumothorax
* Pulmonary embolus
* Nephritis
* Pyelonephritis
* Renal failure, acute and chronic
* Osteoarthritis
* Rheumatoid arthritis
* Gouty arthritis
* Fluid and electrolyte disorders

DEPARTMENT OF THE NAVY
**FAMILY PRACTICE - CORE PRIVILEGES**
(Continued)

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for adult medical care, including: (Continued)

* Meningitis
* Drug overdose
* Hypertensive crisis

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for medical care of children, including:

* Well child care
* Office pediatric problems
* Pneumonia
* Urinary tract infections
* Behavioral problems
* Failure to thrive
* Status asthmaticus

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for dermatologic problems, including:

* Urticaria, acute and chronic
* Actinic keratosis
* Psoriasis
* Basal cell epithelioma
* Excisional biopsy
* Cryotherapy

Evaluation, examination, diagnosis, treatment, preventive care, family planning and contraception and discharge planning of outpatients and inpatients for gynecologic care, including:

* Cervical biopsy
* Papanicolaou (PAP) smear
* Diaphragm fitting
* Endometrial biopsy
* Culdocentesis

DEPARTMENT OF THE NAVY
**FAMILY PRACTICE - CORE PRIVILEGES**
(Continued)

Evaluation, examination, diagnosis, treatment, preventive care, family planning and contraception and discharge planning of outpatients and inpatients for gynecological care, including: (Continued)

* Vaginal infections
* Gynecological infections
* Dysfunctional uterine bleeding
* Chronic pelvic pain
* Insertion of intrauterine devices
* Infertility devices

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for neurologic problems, including:

* Lumbar puncture
* Seizure disorders
* Demyelinating disorders
* Stroke
* Parkinson’s disease

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for ophthalmologic problems, including:

* Removal of superficial ocular foreign bodies
* Ocular tonometry (Schiotz)

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for orthopedic problems, including:

* Management of nondisplaced fractures
* Low back pain
* Septic arthritis
* Closed reduction of simple fractures and dislocations
* Compartment syndrome, diagnosis and emergency management

DEPARTMENT OF THE NAVY
**FAMILY PRACTICE - CORE PRIVILEGES**
(Continued)

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for otorhinolaryngologic problems, including:

* Removal of nasal foreign body
* Placement of anterior and posterior nasal hemostatic packing
* Removal of foreign body from the ear
* Endotracheal intubation, pediatric and adult
* Tympanometry
* Epistaxis
* Anterior nasal packing

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for surgical problems, including:

* Local anesthetic techniques
* Peripheral nerve block
* Repair of lacerations including those requiring more than one layer of closure
* Incision and drainage of abscesses
* Skin punch biopsy
* Excision of skin and subcutaneous lesions
* Incision and drainage of hemorrhoids
* Central venous pressure catheterization
* Venous cutdown
* Paracentesis
* Tube thoracostomy
* Breast cyst aspiration
* First assistant, major surgery
* Sigmoidoscopy with flexible and rigid sigmoidoscopes to 35 or 65 centimeter lengths
* Thoracentesis
* Arthrocentesis
* Burns, superficial and partial thickness
* Excision of cutaneous and subcutaneous tumors and nodules
* Biopsy of superficial lymph nodes
* Needle biopsy
* Anal fissure
* Pilonidal cyst excision

DEPARTMENT OF THE NAVY

**FAMILY PRACTICE - CORE PRIVILEGES**

(Continued)

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for psychologic and psychiatric problems, including:

* Psychotic disorders
* Mood disorders
* Organic mental disorders
* Anxiety disorders
* Alcoholism and substance abuse disorders
* Personality disorders
* Somatoform disorders

Evaluation, examination, diagnosis, treatment, preventive care and discharge planning of outpatients and inpatients for urologic problems, including:

* Epididymitis
* Testicular torsion
* Nephrolithiasis
* Suprapubic bladder aspiration
* Prostatitis
* Pyelonephritis

**FAMILY PRACTICE - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Vaginal probe ultrasound for documentation of intrauterine pregnancy in the first trimester
_____ Obstetrical ultrasound for determination of:
  Head circumference
  Femur length
  Crown-rump length for first trimester dating
_____ Obstetric ultrasound; fetal and placental survey
_____ Low forceps delivery (outlet forceps)
_____ Vacuum-assisted delivery
_____ Hysterosalpingography
_____ Epidural anesthesia for labor and delivery
_____ Cesarean section, primary surgeon
_____ Vaginal breech delivery
_____ Amnioinfusion
_____ Amniocentesis

DEPARTMENT OF THE NAVY

**FAMILY PRACTICE - SUPPLEMENTAL PRIVILEGES**

(Continued)

_____ Newborn umbilical vessel catheterization
_____ Cervical cryotherapy
_____ Colposcopy
_____ Diagnostic cervical dilation and uterine curettage
_____ Paracervical block
_____ Uterine curettage following incomplete abortion
_____ Cardioversion, elective
_____ Esophagogastroduodenoscopy (EGD)
_____ Liver biopsy
_____ Pinch skin graft
_____ Extensor tendon repair
_____ Hemorrhoidectomy
_____ Arterial line insertion
_____ Osteopathic manipulative therapy (supervised by Doctor of Osteopathy)
_____ Vasectomy
_____ Bone marrow aspiration and biopsy
_____ Intrathecal analgesia
_____ Nasopharyngoscopy
_____ Thrombolytic therapy
_____ Intravenous conscious sedation (doses which may result in unconsciousness or loss of protective reflexes)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**FLIGHT SURGEON - CORE PRIVILEGES**

Operational and primary care medicine core privileges

Preliminary diagnosis and treatment or stabilization of:

Clinical conditions related to the physiological stressors associated with flight, including:

* Trapped and evolved gas dysbarism of all types
* Vertigo
* Tinnitus
* Spatial disorientation
* Hypoxia
* Decompression sickness
* Pneumothorax
* Pulmonary embolism
* Acceleration atelectasis
* Air sickness
* Fatigue/Performance Maintenance

Diagnostic/therapeutic procedures or specialized aeromedical services:

Comprehensive aviation physical examinations including:

* Interpretation of required chest x-rays, 12-lead electrocardiograms and audiometric exams
* Performance of comprehensive eye exams to determine refractive error, intraocular pressure, depth perception, ocular balance and color vision
* Evaluation of specialized x-rays such as sinus series, skull films and comprehensive spine series.
* Manifest and cycloplegic refractions for spectacle fitting
* Outpatient psychiatric interviews to screen flight personnel for aeronautical adaptability, adjustment/behavioral disorders and/or neuroses or psychoses.
* Preventive aeromedical programs within aviation squadrons, carrier air groups and aviation wings
* Basic aircraft crash investigation services.

DEPARTMENT OF THE NAVY
**FLIGHT SURGEON - CORE PRIVILEGES**
(Continued)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

## GASTROENTEROLOGY - CORE PRIVILEGES

Comprehensive consultation, examination, diagnosis, and treatment of gastrointestinal, hepatic, pancreatobiliary, and nutritional diseases.

Procedures:

* Esophagogastroduodenoscopy, including biopsy
* Esophageal dilation (bougienage, guidewire, through the scope (TTS) balloon and pneumatic for achalasia)
* Proctoscopy
* Flexible sigmoidoscopy, including biopsy
* Colonoscopy, including biopsy and polypectomy
* Percutaneous liver biopsy
* Percutaneous endoscopic gastrostomy and jejunostomy
* Gastrointestinal motility studies, including esophageal manometry
* Nonvariceal hemostasis (thermal and injection) upper and lower GI tract
* Variceal hemostasis including sclerotherapy and banding
* Enteral and parenteral alimentation
* Intravenous conscious sedation
* Dilation procedures in stomach, small intestine and colon
* Enteroscopy (push-type)

## GASTROENTEROLOGY - SUPPLEMENTAL PRIVILEGES
**Write “Yes” or “No” by each supplemental privilege**

_____ Laser therapy of gastrointestinal lesions
_____ Endoscopic retrograde cholangiopancreatography (ERCP) including radiological interpretation
_____ Diagnostic ERCP:
    _____ placement of nasobiliary drain
    _____ with dilation
    _____ with sphincter of Oddi manometrics
_____ Therapeutic ERCP:
    _____ with temporary stent placement
    _____ with self expanding mental stent
    _____ with sphincterotomy
_____ Rectal manometrics
_____ Hemorrhoidal therapy (banding, thermal, other)
_____ Endoscopic ultrasonography
_____ Pill endoscopy

DEPARTMENT OF THE NAVY

**GASTROENTEROLOGY - SUPPLEMENTAL PRIVILEGES**

(Continued)

_____ Performance and interpretation of hydrogen breath tests
_____ Placement of esophageal small bowel and colonic self-expanding mental stents.

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**GENERAL SURGERY - CORE PRIVILEGES**

* Comprehensive general surgery examinations, consultation, diagnosis, and treatment planning

Assessment with operative or nonoperative treatment of:

* Trauma
* Wounds and conditions of soft tissue including aspiration, biopsy, and repair
* Cysts and abscesses to include aspiration, incision, and drainage
* Conditions involving the thyroid, parathyroid, and adrenal gland
* Condition of the ovary and testes
* Abdominal wall hernias
* Tumors, congenital, and inflammatory diseases of the gastrointestinal tract
* Tumors, congenital, and inflammatory diseases of the liver and biliary tract
* Breast conditions to include aspiration, biopsy, and evaluation
* Abdominal wall hernias
* Peptic and duodenal ulcer disease
* Varicose veins
* Conscious sedation

Procedures:

* Insertion of monitoring catheters and intravenous lines
* Skin grafting
* Nerve and artery biopsy
* Lymph node biopsy or excision
* Tracheostomy
* Thoracentesis
* Radical, modified radical, total, and segmental mastectomies
* Paracentesis, peritoneal lavage, endoscopy with or without biopsy
* Gastrotomy and gastrostomy
* Hemorrhoidectomy, fissurectomy, fistulectomy, and sphincterotomy
* Exploratory laparotomy
* Ostomy formation and management
* Drainage of intraperitoneal abscess

DEPARTMENT OF THE NAVY

**GENERAL SURGERY - CORE PRIVILEGES**

(Continued)

* Internal hernia including diaphragmatic
* Splenectomy and splenorrhaphy
* Tube thoracostomy
* Pericardiocentesis
* Repair of wound disruptions
* Major and minor amputations
* Radical groin and auxillary dissection with or without removal of limb
* Appendectomy

**GENERAL SURGERY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Insertion of pacemaker wires
_____ Burn care
_____ Assessment and treatment of tumors, congenital and inflammatory conditions of the mouth, face, and throat
_____ Repair and reconstruction of vascular abnormalities, injuries, or diseases (includes placement of vascular grafts and arterioplasties)
_____ Endoscopic dilation or sphincterotomy
_____ Colonoscopy and upper gastrointestinal endoscopy, with or without biopsy
_____ Cranial burr holes
_____ Excision of salivary glands
_____ Esophageal resection
_____ Radical neck dissection
_____ Partial hepatectomy, segmentectomy, and lobectomy
_____ Pancreatectomy and other pancreatic surgery
_____ Vena cava interruption, sympathectomy
_____ Pleural abrasion and pleurectomy
_____ Pulmonary wedge resection and pulmonary lobectomy
_____ Pneumonectomy
_____ Portacaval or other shunt
_____ Intravenous conscious sedation
_____ Laparoendoscopy with or without biopsy
_____ Basic laparoendoscopic operative procedures to include:
    _____ Cholecystectomy
    _____ Herniorrhaphy (ventral or inguinal)
    _____ Appendectomy

DEPARTMENT OF THE NAVY

**GENERAL SURGERY - SUPPLEMENTAL PRIVILEGES**

(Continued)

_____ Advanced laparoendoscopic operative procedures to include: (Continued)
- _____ Intestinal resection with or without anastomosis
- _____ Nissen fundoplication
- _____ Vagotomy, seromyotomy, pyloromyotomy, or pyloroplasty
- _____ Common bile duct exploration
- _____ Splenectomy

_____ Sentinel node biopsy for breast cancer

_____ Sentinel node biopsy for melanoma

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**HEMATOLOGY - CORE PRIVILEGES**

Diagnosis, evaluation, and treatment of hematologic disorders including:

* Etiology, epidemiology, natural history, diagnosis and management of neoplastic diseases of the blood, blood-forming organs and lymphatic tissues
* Morphology, physiology and biochemistry of blood, marrow, lymphatic tissue and spleen
* Related basic fields including immunology, pharmacology, cell biology and molecular genetics
* Basic pathophysiologic mechanisms and therapy of diseases of the blood including anemias, diseases of white cells and disorders of hemostasis and thrombosis
* Effects of other systemic disorders on the blood, blood-forming organs and lymphatic tissues, and management of the immunocompromised patient
* Genetic aspects of hematology
* Relevant drugs, clinical indications and limitations including effects, toxicity and interactions
* Tests of hemostasis and thrombosis for both congenital and acquired disorders and regulation of antithrombotic therapy
* Transfusion medicine including the evaluation of antibodies, blood compatibility and the use of blood-component therapy and apheresis
* Pain management
* Management of immunocompromised patients

Procedural Skills:

* Bone marrow aspiration and biopsy
* Preparation and interpretation of peripheral blood smears and bone marrow aspirates
* Administration of chemotherapy intravenously, intrathecally and intrapleurally
* Phlebotomy
* Management and care of indwelling access catheters
* Bleeding time
* Paracentesis
* Thoracentesis

DEPARTMENT OF THE NAVY

**HEMATOLOGY - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

(Continued)

_____ Needle aspiration of superficial nodes and masses

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

## INFECTIOUS DISEASE - CORE PRIVILEGES

* Comprehensive examination, consultation, diagnosis, and treatment of all infectious disease
* Gross and microscopic examination of specimens
* Gram stain and acid-fast staining of body fluids
* Malaria smear preparation
* Lumbar puncture
* Counseling and comprehensive core of HIV-infected patient
* Penicillin desensitization
* Core and removal of central lines
* Use of antibiotics by all routes

## INFECTIOUS DISEASE - SUPPLEMENTAL PRIVILEGES
**Write “Yes” or “No” by each supplemental privilege**

_____ Bone Marrow Biopsy
_____ Thoracentesis

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**INTERNAL MEDICINE - CORE PRIVILEGES**

* Diagnosis and management of medical conditions involving allergy and immunology, cardiology, endocrinology, gastroenterology, hematology, oncology, infectious diseases, nephrology, pulmonary medicine, and rheumatology.

Procedural skills:

* Skin testing (allergy and cell-mediated) interpretation
* Central venous pressure and Swan-Ganz interpretation
* Electrocardiogram performance and interpretation
* Potassium hydroxide prep
* Home glucose monitoring
* Abdominal paracentesis
* Gastric tube insertion
* Proctosigmoidoscopic examination
* Pelvic examination with associated laboratory evaluations (PAP smear, trichomonas, monilia, sexually-transmitted diseases)
* Blood smear technique and interpretation
* Bone marrow aspiration
* Gram stain
* Lumbar puncture
* Arterial and venous puncture techniques
* Outpatient pulmonary function studies
* Mechanical ventilator support
* Thoracentesis
* Tracheal suctioning
* Chest x-ray interpretation
* Urethral catheterization
* Urinalysis, gross and microscopic
* Bursa and joint aspiration and injection, basic analysis of joint fluid
* Intramuscular, subcutaneous, and intracutaneous injections
* Arterial cannula placement
* Exercise cardiovascular stress test, performance and interpretation
* Repair of superficial lacerations

**INTERNAL MEDICINE - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Anesthesia; local infiltration
_____ Percutaneous biopsy of the liver and pleura
_____ Cardioversion, elective

DEPARTMENT OF THE NAVY

**INTERNAL MEDICINE - SUPPLEMENTAL PRIVILEGES**

(Continued)

_____ Holter monitoring
_____ Incision and drainage of abscesses
_____ Intestinal intubation
_____ Temporary pacemaker insertion
_____ Pericardial tap
_____ Swan Ganz catheter placement
_____ Tensilon test
_____ Tzanck smear
_____ Skin Biopsy
_____Punch
_____Shave and Excision

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**NEONATOLOGY - CORE PRIVILEGES**

* Recognition of fetal distress, including abnormal fetal heart rate patterns and abnormal scalp and cord pHs
* Neonatal advanced life support
* Recognition and initial management of dysrhythmias
* Conventional ventilatory management of newborns, including but not limited to, surfactant deficiency, pneumonia, shock lung, meconium aspiration, pulmonary hypertension, pulmonary hemorrhage, pulmonary hypoplasia, diaphragmatic hernia, lung cysts and masses
* Diagnosis, preoperative and postoperative management of intestinal obstruction, volvulus, abdominal wall defects, esophageal and tracheal anomalies, and diaphragmatic hernias
* Transport of critically ill infants
* Supervision or assistance in the instruction of other health care professionals providing care for children (e.g., neonatal resuscitation and pediatric advanced life support)

Differential diagnosis, workup, and management of:

* Small and large for gestational age infants
* Cyanosis and respiratory distress
* Congenital heart disease including cyanotic heart disease
* Congestive heart failure
* Hypertension
* Shock, including but not limited to, hypovolemic, septic and cardiogenic shock
* Upper airway anomalies
* Parenchymal lung disease, cysts and masses
* Apnea
* Tachypnea
* Anemia
* Polycythemia
* Thrombocytopenia
* Hyperbilirubinemia
* Disseminated intravascular coagulopathy and bleeding disorders
* Hypoglycemia
* Ambiguous genitalia
* Inborn errors of metabolism
* Seizures
* Congenital anomalies, including chromosomal abnormalities and dysmorphic syndromes

DEPARTMENT OF THE NAVY

**NEONATOLOGY - CORE PRIVILEGES**

(Continued)

Diagnosis and management of:

* Omphalitis
* Osteomyelitis and septic arthritis
* Necrotizing enterocolitis
* Intracranial hemorrhage and ischemia
* Patent ductus arteriosus
* Premature infant
* Chronic lung disease
* Conventional ventilator complications, including but not limited to, air leaks
* Bacterial, viral, and fungal sepsis, septic shock and meningitis
* Fluid and electrolytes
* Short and long-term enteral and parenteral nutrition
* Infant of a diabetic mother
* Syndrome of inappropriate antidiuretic hormone, diabetes insipidus, and congenital adrenal hyperplasia
* Acute renal failure, acute tubular necrosis, polyuria, urinary tract infections
* Perinatal asphyxia
* Substance abuse withdrawal and injury
* Hydrocephalus before and after shunt placement, if needed

Diagnostic and therapeutic procedures:

* Lumbar puncture
* Umbilical artery catheter placement
* Umbilical vein catheter placement
* Partial exchange transfusion
* Double volume exchange transfusion
* Thoracentesis
* Thoracotomy tube placement
* Suprapubic bladder tap
* Percutaneous indwelling arterial line
* Emergent pericardiocentesis
* Emergent pericentesis

DEPARTMENT OF THE NAVY

**NEONATOLOGY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ High frequency jet and oscillatory ventilation
_____ Artificial surfactant administration
_____ Extracorporeal membrane oxygenation

Diagnostic and therapeutic procedures:
_____ Peripheral venous cutdown
_____ Peripheral arterial cutdown
_____ Indwelling total parenteral nutrition cuffed line, including Broviac and Hickman catheters
_____ Central venous pressure lines, including subclavian, internal and external jugular, and femoral using Seldinger wire technique or cutdown

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**NEPHROLOGY - CORE PRIVILEGES**

* Comprehensive examination, consultation, diagnosis, and treatment of kidney diseases and hypertension
* Acute hemodialysis
* Chronic hemodialysis
* Acute peritoneal dialysis
* Chronic peritoneal dialysis
* Continuous renal replacement therapy
* Percutaneous renal biopsy
* Prescription of immunomodulating therapies for treatment of renal parenchymal disorders
* Treatment of kidney and pancreas transplantations, including provision of maintenance therapies and diagnosis and treatment of rejection
* Percutaneous placement of central venous dual-lumen hemodialysis catheters

**NEPHROLOGY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Therapeutic plasmapheresis
_____ Acute peritoneal dialysis
_____ Charcoal hemoperfusion

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**NEUROLOGY - CORE PRIVILEGES**

* Comprehensive examination, consultation, diagnosis and treatment of diseases of the central nervous system, including the brainstem and spinal cord
* Diseases of peripheral nerves, including traumatic injuries not requiring surgical repair
* Diseases of the brachial and lumbar plexus, including traumatic not requiring surgical repair
* Diseases of the neuromuscular junction, including toxic and metabolic conditions
* Diseases of muscle, including dystrophies, inflammatory and metabolic myopathies not requiring ventilatory support
* Diseases involving the cranial nerves of the brainstem not requiring ventilatory or circulatory support or parenteral alimentation
* Psychiatric disease, including character disorders, neurosis, and psychosis not considered life-threatening
* Epilepsy, including cases difficult to control
* Cerebral or brainstem infarction, embolus or hemorrhage, with altered level of consciousness
* Diseases of the central or peripheral nervous systems, myoneural junction or vascular assistance, with or without parenteral fluid, electrolyte and caloric maintenance
* Accelerated hypertension with encephalopathy
* Infectious disease in patients with neurological impairment, including pulmonary, renal and bloodstream infections, endocarditis, purulent and nonbacterial meningitis, encephalitis, and focal suppurative encephalitis (abscess) without focal cerebral mass effect
* Renal, pulmonary, and cardiac insufficiency and decompensation in patients with neurological disease
* Systemic and focal vasculitides with involvement of the central nervous system or the somatic musculature
* Coma from all causes, including toxic, metabolic, infectious, inflammatory, degenerative diseases and those that due to endocrinopathy, with or without increased intracranial pressure (due to focal mass effect or of a more generalized nature)

DEPARTMENT OF THE NAVY

**NEUROLOGY - CORE PRIVILEGES**

(Continued)

* All diseases of the central or peripheral nervous systems, myoneural junction or somatic musculature leading to the need for ventilatory or vascular life support systems, including those requiring parenteral alimentation
* Psychiatric illnesses considered life-threatening, including, but not limited to, depressive neurosis with suicidal ideation and paranoid schizophrenia with homicidal tendencies
* Status epilepticus

Procedures:

* Intrathecal administration of medication
* Lumbar puncture
* Electroencephalography (EEG), both recording and interpretation
* Electromyography and nerve conduction velocity studies
* Evoked potentials: auditory, visual, and somatosensory
* Video EEG monitoring
* Chemodenervation

**NEUROLOGY - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

_____ Polysomnography interpretation
_____ Pediatric EEG
_____ Invasive monitoring procedures to include intracranial pressure monitoring, central venous lines, intra-arterial lines and Swan-Ganz catheters
_____ Transcranial Doppler testing and interpretation
_____ Intraoperative monitoring

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**NEUROSURGERY - CORE PRIVILEGES**

Comprehensive neurosurgery examination, consultation, diagnosis and treatment of nervous system conditions including:

* Coma
* Intracranial hemorrhage
* Status epilepticus
* Intractable pain
* Spine and spinal cord injury or tumor
* Brain injury
* Peripheral nerve injury or tumor
* Intracranial tumor
* Cerebrovascular occlusion
* Extra cranial carotid or vertebral artery disease
* Congenital anomalies of the brain and spinal cord
* Meningitis
* Brain abscess
* Intervertebral disc disease

Diagnostic or therapeutic procedures:

* Nerve biopsy
* Muscle biopsy
* Cranial burr holes
* Elevation of depressed skull fracture
* Cranioplasty
* Laminectomy
* Peripheral nerve surgery
* Insertion of intracranial pressure monitor or ventriculostomy
* Ventricular taps
* Application of skeletal traction
* Subdural taps
* Needle biopsy of brain
* Craniotomy for tumor, aneurysm, arteriovenous malformation, trauma, abscess
* Cranial reconstruction
* Surgery for cranial nerve compression syndrome
* Stereotactic surgery for brain tumor
* Spinal instrumentation and fusion, (cervical, lumbar and thoracic) for degenerative spine disorders and trauma
* Disk excision, anterior and posterior, cervical, lumbar, and thoracic

DEPARTMENT OF THE NAVY
**NEUROSURGERY - CORE PRIVILEGES**
(Continued)

* Shunts for hydrocephalus
* Transsphenoidal surgery for pituitary or base of skull lesions
* Repair of meningomyelocele
* Application of halo
* Surgery for spinal cord injury or tumor

**NEUROSURGERY – SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

Stereotactic surgery for:
_____ Epilepsy
_____ Pain
_____ Movement disorders
_____ Psychiatric disorders

Percutaneous therapy for:
_____ Chemonucleolysis
_____ Intradiscal electrothermal treatment
_____ Discography
_____ Vertebroplasty

Endoscopic surgery for:
_____ Carpal tunnel release
_____ Discectomy

Miscellaneous:
_____ Extra-intracranial anastomosis
_____ Intracranial vascular reconstruction
_____ Intraoperative use of laser
_____ Carotid endarterectomy
_____ Ablative surgery for epilepsy

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**NUCLEAR MEDICINE – CORE PRIVILEGES**

* Supervise the preparation of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
* Supervise the administration of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
* Supervise the use of unsealed radionuclides and radiopharmaceuticals for diagnostic examinations of patients
* Interpret the results of diagnostic examinations of patients using unsealed radionuclides and radiopharmaceuticals
* Supervise the use of unsealed radionuclides for therapeutic purposes
* Supervise performance of radioimmunoassay examinations
* Supervise the management of radioactively contaminated patients and facilities

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

# OBSTETRICS AND GYNECOLOGY - CORE PRIVILEGES

Only physicians fully trained in obstetrics and gynecology can use this obstetrics and gynecology privileges sheet. Other practitioners assigned to provide obstetric and gynecology services must add any additional required privileges to the supplemental privilege section of their specialty sheets.

Obstetrics:

* Routine prenatal, perinatal, and postpartum care
* Management of high-risk obstetric patients
* Application of internal fetal and uterine monitors
* Augmentation and induction of labor by use of oxytocin
* Obstetric sonography, level I
* Management of normal labor and delivery, including episiotomy
* Amnioinfusion
* Aminotomy
* Operative vaginal delivery (including forceps, vacuum extraction, breech extraction, internal podalic version and extraction)
* Manual removal of placenta
* Amniocentesis
* Repair of obstetric lacerations
* Routine care of the normal neonate
* Resuscitation of the asphyxiated neonate
* Cesarean delivery
* External cephalic version
* Management of postpartum hemorrhage
* Management of major medical and surgical complications of pregnancy, labor and delivery (including hemorrhage, sepsis, severe preeclampsia and eclampsia)
* Use of intravaginal, intraamniotic and intramuscular prostaglandin
* Cystotomy with urethral stent placement, within the context of complications of obstetric or gynecologic surgery.

Gynecology:

* Performance of gynecology screening examinations
* PAP smear
* Diagnosis and treatment of vaginitis, sexually transmitted diseases, abnormal uterine bleeding and pelvic pain
* Colposcopy with vulvar, vaginal and cervical biopsy
* Outpatient therapy of condyloma and intraepithelial neoplasia

DEPARTMENT OF THE NAVY
**OBSTETRICS AND GYNECOLOGY - CORE PRIVILEGES**
(Continued)

Gynecology:

* Diagnostic cystoscopy for the evaluation and treatment of gynecologic disorders
* Cervical cerclage
* Hysterosalpingography
* Contraceptive counseling and prescription, including insertion of intrauterine devices
* Minor gynecologic surgical procedures (endometrial biopsy, dilatation and curettage, treatment of Bartholin cyst and abscess)
* Infertility and endocrine evaluation, including ovulation induction, diagnosis and treatment of hirsutism, amenorrhea, hyperprolactinemia
* Culdocentesis and paracentesis
* Aspiration of breast masses
* Gynecologic sonography
* Urethroscopy and female urodynamic evaluation
* Hysteroscopy
* Laparoscopy
* Suction curettage, for pregnancy termination and management of incomplete, missed, or inevitable abortion
* Tubal sterilization
* Adnexal surgery, including ovarian cystectomy, oophorectomy, salpingectomy, and conservative procedures for treatment of ectopic pregnancy
* Abdominal and vaginal hysterectomy
* Exploratory laparotomy, for diagnosis and treatment of pelvic pain, pelvic mass, hemoperitoneum, endometriosis and adhesions
* Surgical treatment of stress urinary incontinence
* Vaginal plastic suspension and repair procedures
* Transabdominal suspension of the uterus and vagina
* Subradical vulvar surgery
* Presacral neurectomy
* Tuboplasty and other infertility surgery (not microsurgical)
* Cervical conization
* Pelviscopic surgery

DEPARTMENT OF THE NAVY

**OBSTETRICS AND GYNECOLOGY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

Obstetrics:

_____ Subarachnoid block anesthesia, for delivery
_____ Epidural anesthesia, for labor and delivery
_____ Level II and level III obstetric sonography
_____ Intrauterine fetal transfusion
_____ Other intrauterine fetal surgery
_____ Cordocentesis

Gynecology:

_____ Vulvar, vaginal and cervical laser surgery
_____ Radical surgery for gynecologic malignancy
_____ Chemotherapy
_____ Microsurgical tubal reanastomosis and other microsurgical infertility procedures
_____ Laparoscopic laser surgery
_____ Intraabdominal laser surgery
_____ Dilation and evacuation for late second trimester pregnancy termination
_____ Metroplasty
_____ Reconstructive surgery for ambiguous genitalia

Ultrasonography and computer tomography:

_____ Guided needle aspirations, drainage and biopsy

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OCCUPATIONAL MEDICINE - CORE PRIVILEGES**

Comprehensive occupational medicine evaluation and management of workers and worksites; evaluation, consultation, diagnosis, treatment, and prevention planning for individuals and population groups with or at risk for occupational and environmental disease conditions due to exposures to chemical, physical, biological, or ergonomic stressors. The evaluation may include epidemiological investigation, industrial hygiene exposure information, physical exam, biological monitoring and other assessment methods used for preventive medicine analysis. Specific occupational and environmental disease conditions include:

* Occupational pulmonary disease (including the pneumoconioses)
* Occupational skin disease
* Occupational musculoskeletal disease (including cumulative trauma disorders)
* Occupational communicable disease
* Occupational hypersensitivity disorders
* Occupational renal disorders
* Occupational reproductive disorders
* Occupational neurologic, behavioral or psychiatric disorders
* Occupational hematological disorders
* Occupational gastrointestinal or hepatic disorders
* Physical agent disorders (includes heat, cold, ambient pressure extremes, ionizing and nonionizing radiation, noise, and vibration)
* Occupational disease and injury outbreaks
* Toxicological conditions and hazards
* Substance abuse or dependence
* Environmental illness and hazards (including air and water pollution and indoor air quality)

Diagnostic or therapeutic procedures:

Clinical care:
* Evaluation and treatment of minor illnesses and injuries
* Provide clinical health promotion services
* Medical surveillance or certification exams
* Impairment and disability exams or evaluations
* Acute exposure evaluations

DEPARTMENT OF THE NAVY
**OCCUPATIONAL MEDICINE - CORE PRIVILEGES**
(Continued)

Tests:
* Interpretation of spirometry testing
* Interpretation of toxicologic tests
* Interpretation of biological monitoring
* Initial interpretation of radiographs
* Interpretation of audiograms
* Interpretation of industrial and environmental hygiene sampling results

Epidemiology:
* Epidemiologic study design
* Risk assessment
* Perform basic epidemiological investigation
* Apply standard biostatistical tests and epidemiologic methods
* Analysis of health care, injury, and occupational health and disease data

Occupational medicine program management:
* Determine medical surveillance elements
* Evaluation of workplace monitoring program and medical surveillance program
* Medical management of Federal Employee Compensation Act Program (including managed care)
* Health hazard evaluations
* Environmental medicine
* Communicable disease prevention
* Health promotion

DEPARTMENT OF THE NAVY

**OCCUPATIONAL MEDICINE - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Chelation treatment
_____ Hyperbaric chamber treatment
_____ B-reader interpretation of pneumoconiosis radiographs
_____ Travel medicine consultation
_____ Prescribe and administer mass treatment, immunization, and medications to control epidemics or occupational disease outbreak
_____ Medical review officer

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ONCOLOGY - CORE PRIVILEGES**

Diagnosis, evaluation and treatment of oncologic disorders including:

* The etiology of cancer including predisposing causal factors leading to neoplasia
* The epidemiology and natural history of cancer
* Fundamental concepts of cellular and molecular biology, cytogenetics, basic and clinical pharmacology (including pharmacokinetics and toxicity) and tumor immunology
* Management of research and nonresearch treatment protocols
* Anti-neoplastic therapy, including chemotherapeutic drugs, biologic response modifiers available for treatment or prevention of neoplastic diseases and well as indications, limitations and complications of their use in specific clinical situations
* The indications and limitations of surgery and radiation therapy in the treatment of cancer
* Concepts of supportive care, including hematologic, infectious, disease and nutritional
* Rehabilitation and psychosocial aspects of clinical management of the cancer patient
* Correlation of clinical information with the finding of cytology, histology and imaging techniques
* Pain management among other palliative care modalities

Procedural skills:

* Pelvic examination
* Marrow aspiration and biopsy and interpretation of aspirate
* Serial measurement of palpable tumor masses
* Management and care of indwelling access catheters
* Administration of chemotherapeutic agents intravenously, intrathecally, intrapleurally and intraperitoneally
* Paracentesis
* Thoracentesis
* Management of immunocompromised patients

DEPARTMENT OF THE NAVY

**ONCOLOGY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Needle aspirates of superficial nodes and masses

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OPERATIONAL MEDICINE AND PRIMARY CARE MEDICINE - CORE PRIVILEGES**

Preliminary diagnosis, initial treatment, or stabilization of:

* Myocardial infarction
* Cardiac dysrhythmia
* Fluid and electrolyte disorders (all age groups)
* Heat-related illness
* Burns
* Shock
* Fractures
* Penetrating wounds
* Depressed level of consciousness and coma
* Abdominal surgical emergencies (all age groups)
* Appendicitis
* Gastrointestinal disorders
* Psychosis and potential suicide
* Poisoning
* Pyelonephritis
* Testicular torsion
* Hernia
* Urinary calculi
* Pulmonary insufficiency
* Decompression sickness
* Penetrating eye injuries
* Iritis
* Glaucoma
* Psoriasis and skin malignancy
* Pregnancy
* Pelvic pain
* Pelvic inflammatory disease
* Dysfunctional uterine bleeding
* Threatened, incomplete, and completed abortion
* Drug overdose
* Ruptured tubal ectopic pregnancy

DEPARTMENT OF THE NAVY

**OPERATIONAL MEDICINE AND PRIMARY CARE MEDICINE - CORE PRIVILEGES**
(Continued)

Diagnostic or therapeutic procedures:

* Lumbar puncture
* Arterial blood gas sampling
* Initial interpretation of electrocardiogram before consultant confirmation
* Initial interpretation of chest, abdominal, skull, facial bone, and extremity x-rays before consultant confirmation
* Incision and drainage of superficial abscesses
* Preparation and interpretation of potassium hydroxide and saline mounts for pathogens
* Incision and drainage of thrombosed external hemorrhoids
* Bladder catheterization
* Removal of corneal foreign body - use of Schiotz tonometer
* Initial interpretation of audiogram before consultant confirmation
* Preparation and interpretation of Gram stains for pathogens
* Performance of PAP smears
* Performance of pelvic examination
* Splinting or stabilizing spine and extremity fractures
* Performance of fluorescein stain for conjunctival lesions
* Suture closure of 1° layer wounds
* Eye irrigation
* Local infiltration anesthesia
* Intravenous infusion

Comprehensive examination, diagnosis, and management of:

* Uncomplicated gynecologic problems, including vaginitis and sexually transmitted disease, contraception advice, prescription of oral contraceptives, and screening pelvic examination
* Uncomplicated internal medicine problems, including cardiac disease, arthritis, gastrointestinal disease, hepatic disease, infectious disease, hypertension, anemia, pulmonary disease, renal disease, diabetes, neurologic disease and thyroid disease
* Uncomplicated dermatologic problems, not to include psoriasis or malignancy, but including acne, Verrucae, herpes simplex, seborrhea, dyshidrosis, scabies, pediculosis, cold injury, immersion dermatitis, plantar warts, corns, calluses, and excisional punch biopsy

DEPARTMENT OF THE NAVY

**OPERATIONAL MEDICINE AND PRIMARY CARE MEDICINE - CORE PRIVILEGES**
(Continued)

Comprehensive examination, diagnosis, and management of:
(Continued)

* Uncomplicated orthopedic problems including muscle strain, sprains, low back pain, bursitis, tendonitis, and minor musculoskeletal trauma
* Uncomplicated otolaryngologic problems, including otitis media and externa, cerumen occlusion of canal, pharyngitis, laryngitis, removal of nasal or auditory canal foreign body, nosebleed, and rhinitis
* Uncomplicated urologic problems, including cystitis, prostatitis, epididymitis, and sexually-transmitted disease
* Uncomplicated behavioral problems, including crisis intervention, short-term individual counseling for difficulty with interpersonal relationships or adapting to authority, and problems related to substance use and abuse
* Uncomplicated environmental or occupationally-related problems, including asbestos, heat, and noise exposure screening and monitoring
* Uncomplicated ophthalmologic problems, including conjunctivitis, visual acuity testing, corneal abrasion, and conjunctival foreign body
* Routine, uncomplicated prenatal care, up to 20 weeks gestation
* Uncomplicated pediatric problems, including well child care, pediatric preventive care counseling, otitis, bronchitis, pneumonia, asthma, gastroenteritis and viral exanthemas

**OPERATIONAL MEDICINE AND PRIMARY CARE MEDICINE**
**SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OPHTHALMOLOGY - CORE PRIVILEGES**

Comprehensive ophthalmic history, evaluation, diagnosis and treatment of eye disorders (in all age groups), including:

* Strabismus and amblyopia
* Cataract
* Orbital, adnexal and oculoplastic disorders
* Retinal disease
* Neuroophthalmic disorders
* Corneal and external diseases
* Glaucoma

Diagnostic and therapeutic procedures:

* Spectacle prescribing
* Visual field interpretation
* Artificial tears and topical ophthalmic lubricants
* Contact lenses and modifications
* Electrophysiological test interpretation
* Indirect ophthalmoscopy, with scleral depression
* Low vision evaluation and prescription of low vision devices
* Evaluation and treatment of amblyopia
* Pachymetry
* Examination of the eye under anesthesia
* Enucleation and evisceration
* Removal of intraocular foreign body
* Peripheral iridectomy to prevent acute angle closure glaucoma
* All methods of cataract removal through an anterior approach (intra and extracapsular cataract extraction, phacoemulsion)
* Repair of penetrating eye injury
* Excision of corneal lesion
* Excision of conjunctival lesion
* Removal of intraocular lens
* Anterior vitrectomy, limbal approach
* A and B mode ultrasound examination
* Retinal cryopexy
* Vitreous tap and intravitreal injection
* Conjunctival flap
* Interpretation of fluorescent angiograms
* Eyelid reconstruction
* Surgical correction of strabismus
* Repair of orbital floor (blowout) fracture
* Surgical repair of entropion and ectropion

DEPARTMENT OF THE NAVY

**OPHTHALMOLOGY - CORE PRIVILEGES**

(Continued)

* Correction of trichiasis
* Excision of eyelid lesions involving margin and repair
* Blepharoptosis repair
* Tarsorrhaphy
* Upper and lower eyelid blepharoplasty
* Irrigation of lacrimal excretory system
* Intubation of lacrimal excretory system
* Trabeculectomy
* Repair of canalicular injury
* Dacryocystorhinostomy
* Repair eyelid injury
* Direct repair of brow ptosis
* Ciliary body destructive procedures
* Neodymium, yttrium, aluminum and garnet laser posterior capsulotomy
* Laser iridotomy
* Laser trabeculoplasty
* Panretinal photocoagulation
* Intraocular lens insertion, primary and secondary
* Insertion of collagen or silicone punctual plugs

**OPHTHALMOLOGY – SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

_____ Intravenous conscious sedation
_____ Orbital exenteration
_____ Lateral orbitotomy
_____ Conjunctival dacryocystorhinostomy
_____ Coronal brow lift
_____ Botulinum toxin injection, facial muscle
_____ Penetrating keratoplasty
_____ Epikeratophakia
_____ Refractive surgery
_____ Reconstructive conjunctivoplasty, cul-de-sac
_____ Laser focal retinal photocoagulation
_____ Scleral buckle placement
_____ Intraocular gas injection of the posterior segment and pneumatic retinopexy

DEPARTMENT OF THE NAVY

**OPHTHALMOLOGY – SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Retinal electrophysiologic studies
_____ Retinal and neurological visual evoked potential
_____ Pars plana vitrectomy
_____ Pars plana lensectomy
_____ Pediatric cataract extraction and management
_____ Botulinum toxin injection, extraocular muscle
_____ Goniotomy and trabeculotomy
_____ Glaucoma shunt placement
_____ Epiretinal membrane peeling
_____ Endophotocoagulation
_____ Lumbar puncture
_____ Optic nerve decompressions
_____ Adjunct chemotherapy for glaucoma filtering surgery
_____ Cyclodialysis
_____ Incisional corneal refractive procedures (radial keratotomy, astigmatic keratotomy)
_____ Surface excimer laser corneal refractive procedures [photorefractive keratectomy (PRK) and laser epithelial keratomileusis (LASEK)]
_____ Intrastromal excimer laser corneal refractive procedure-Laser-in-situ keratomileusis (LISIK)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

# ORTHOPEDIC SURGERY - CORE PRIVILEGES

Comprehensive orthopedic examination, consultation, diagnosis, and treatment of disorders of the musculoskeletal system to include:

* Infection (surgical and medical treatment)
* Contusion, sprains and strains
* Sports medicine and related injuries
* Malunions
* Nonunions
* Back and neck pain, chronic and acute
* Fractures and dislocations, open or closed
* Pediatric orthopedics (other than selected privileges)

Treatments and procedures:

* External fixation of fractures
* Hand surgery (other than supplemental privileges)
* Application of skeletal traction
* Arthrodesis
* Arthroscopic surgery
* Arthrotomy
* Biopsy of the musculoskeletal system
* Bone graft
* Internal fixation of fractures
* Repair of lacerations
* Ligament reconstruction
* Nerve surgery excluding microsurgical repair
* Amputation, traumatic and elective
* Osteotomy
* Skin grafts
* Spinal surgery (other than supplemental privileges)
* Tendon surgery
* Total joint surgery (other than supplemental privileges)
* Tumor surgery
* Wound debridement

DEPARTMENT OF THE NAVY

**ORTHOPEDIC SURGERY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Cervical discectomy and fusion
_____ Open reduction and internal fixation of cervical fractures
_____ Anterior lumbar spinal surgery
_____ Anterior dorsal spinal surgery
_____ Intradiscal chemonucleolysis
_____ Percutaneous disk excision
_____ Revision total hip surgery
_____ Revision total knee surgery
_____ Major tumor resection, total joint surgery
_____ Digit and limb replantation
_____ Complex tendon transfers
_____ Complex tendon reconstruction
_____ Complex rheumatoid surgery
_____ Free microvascular flap
_____ Pelvic osteotomy
_____ Complex club foot surgery
_____ Scoliosis and kyphosis instrumentation
_____ Complex reconstructive surgery for developmental, congenital deformity
_____ Microsurgical nerve repair
_____ Complex reconstructive surgery for trauma

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OTOLARYNGOLOGY - CORE PRIVILEGES**

* Evaluation and treatment of hearing, taste, smell, communication, and labyrinthine dysfunction
* Functional surgery of the upper aerodigestive tract, e.g., tonsillectomy, tympanotomy and tube insertion, septoplasty, etc.
* Tympanoplasty and mastoidectomy stapes surgery
* Head and neck tumor surgery
* Reconstruction with major myocutaneous flaps and harvesting of bone from distant sites
* Maxillofacial trauma surgery including intermaxillary fixation, wire and rigid fixation, and bone grafting
* Extra cranial repair of peripheral nerves including cable grafting
* Surgery of the paranasal sinuses (external, intranasal and endoscopic)
* Surgery for the correction of sleep apnea
* Cosmetic surgery of face, nose, ears, neck including chemical peel, rhytidectomy, browlift, blepharoplasty, liposuction, and implantation of autogenous, homologous, and allograft material
* Endoscopy of the larynx, tracheobronchial tree, and esophagus to include biopsy, excision, and foreign body removal
* Pediatric airway control including tracheotomy and tracheostomy
* Salivary gland surgery of the head and neck to include parotidectomy and submandibular gland surgery for benign and malignant disease
* Endocrine surgery of the head and neck to include thyroid and parathyroid surgery for benign and malignant disease
* Allergy evaluation, skin testing, and treatment, by injections
* Moderate intravenous sedation

DEPARTMENT OF THE NAVY

**OTOLARYNGOLOGY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Neurotology
_____ Laser treatment of the skin, oropharynx, larynx, tracheo-bronchial tree and esophagus
_____ Corrective surgery for cleft lip and palate
_____ Skull base surgery
_____ Craniofacial surgery
_____ Microvascular free flaps and transplantation
_____ Chemodenervation of the larynx, neck and face using botulinum toxin
_____ Intravenous conscious sedation and analgesia

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PATHOLOGY - CORE PRIVILEGES**

Anatomic Pathology:

* Autopsy pathology
  * Routine hospital
  * Routine medicolegal cases after approval from Armed Forces Medical Examiner
* Surgical pathology
  * Frozen section diagnosis
  * Gross and microscopic examination of surgical pathology pecimens
  * Interpretation of histochemical and immunohistochemical stains
* Cytopathology
  * Cervicovaginal cytopathology specimens
  * Non-gynecologic cytopathology specimens including body fluids, aspiration specimens (not to include performance of fine needle aspiration), brushings and washings.

Clinical Pathology:

Interpretation of routine clinical laboratory tests such as:
* Hematology
* Clinical chemistry
* Medical microbiology
* Serology
* Immunology
* Urinalysis

Medical direction of:

* All medical laboratory services (except those specifically delineated under supplemental privileges)
* Blood bank services (except those specifically delineated under supplemental privileges)
* Transfusion services (except those specifically delineated under supplemental privileges)

DEPARTMENT OF THE NAVY

**PATHOLOGY – SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

Anatomic Pathology:

_____ Electron microscopy interpretation
_____ Muscle biopsy interpretation and diagnosis
_____ Nerve biopsy interpretation and diagnosis
_____ Cytogenetic interpretation
_____ Complicated medicolegal and aircraft accident investigations
_____ Immunopathology interpretation
  _____ Renal biopsy
  _____ Skin biopsy
_____ Performance of fine needle aspiration

Clinical Pathology:

_____ Human leukocyte antigen interpretation
_____ Performance of bone marrow aspiration and biopsy
_____ Medical direction of therapeutic apheresis
_____ Cytogenetic interpretation
_____ Medical direction of molecular pathology laboratory services such as fluorescent in-situ hybridization (FISH) studies and polymerase chain reaction (PCR)-based studies

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PEDIATRICS - CORE PRIVILEGES**

Comprehensive examination, consultation, diagnosis, management and treatment of conditions in neonates, infants, preschool-age and school-age children and adolescents to include:

* Attendance at routine or high-risk delivery to provide care, evaluation, resuscitation and stabilization of the neonate
* Routine premature and neonatal care, including management of neonatal sepsis, hyperbilirubinemia, uncomplicated respiratory distress syndrome, endotracheal intubation and vascular access
* Health supervision of infants, children and adolescents with appropriate anticipatory guidance, preventive (e.g., immunizations) and screening measures
* Minor surgical diagnostic procedures, including transfusion of blood products, venous cutdowns, spinal taps, incision and drainage of abscesses, suture of simple lacerations and circumcisions
* Acute and chronic conditions
* Preoperative and postoperative care
* Unique or life-threatening pediatric concerns to include child abuse and neglect, poisoning and accidents and upper airway obstruction
* Counseling regarding developmental disabilities, e.g., cerebral palsy, mental retardation, birth defects, emotional disorders and adjustment reactions of children and adolescents
* Instruction of other health care professionals seeing children, e.g., neonatal resuscitation and pediatric advanced life support

**PEDIATRICS - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Management of tertiary neonatal care to include hyper-alimentation, complex respiratory, and ventilatory care

_____ Management of complex adolescent conditions, including growth and maturational disorders, gynecological and obstetrical conditions, severe behavioral disturbances and substance abuse

DEPARTMENT OF THE NAVY

**PEDIATRICS - SUPPLEMENTAL PRIVILEGES**

(Continued)

_____ Complex physically or developmentally disabled children, including coordinating multiple services and disciplines in an organized treatment plan, developmental testing for interpretation, management of severe childhood behavioral problems and genetic counseling

_____ Complex, life-threatening allergic and immunologic diseases, including severe immune deficiency, skin testing and hyposensitization therapy

_____ Complex, life-threatening heart disease, including severe heart disease of the neonate, interpretation of echocardiograms, angiography and cardiac catheterization

_____ Childhood malignancies and complex hematologic disorders including chemotherapeutic agents, bone marrow biopsies and smears, bone marrow failure syndrome and life-threatening coagulopathies

_____ Complex renal disorders, including end stage renal disease, renal biopsy and interpretation, peritoneal dialysis and hemodialysis

_____ Acute and chronic complex neurologic disorders including interpretation of EEGs, cranial ultrasound, computer-assisted tomography, magnetic resonance imaging scans, interpretation of electromyography, and muscle and nerve tissue biopsy

_____ Simple and complex endocrinologic disorders

_____ Life-threatening infectious diseases

_____ Severe gastrointestinal and nutritional disorders, including endoscopy, hepatic biopsy and interpretation, and intestinal biopsy and interpretation

_____ Conscious sedation

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PEDIATRIC SURGERY - CORE PRIVILEGES**

* Comprehensive pediatric surgery examination, consultation, diagnosis and treatment planning
* Assessment and treatment of anomalies of the gastrointestinal tract
* Tracheostomies
* Assessment and treatment of trauma
* Assessment and treatment of anomalies of the abdominal wall
* Tube thoracostomy
* Abdominal wall hernias and groin hydroceles

**PEDIATRIC SURGERY - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

Surgery on the Neonate:

_____ Anomalies of the head and neck
_____ Anomalies of the esophagus, trachea, lungs, great vessels, diaphragm, chest wall, intestinal tract, and abdominal wall
_____ Anomalies of the extremities
_____ Benign and malignant tumors, except central nervous system

Pediatric Oncology Surgery:

_____ Rhabdomyosarcoma, all sites
_____ Wilms tumor
_____ Neuroblastoma
_____ Soft tissue sarcomas
_____ Intra-abdominal tumors
_____ Intra-and extra-thoracic tumors (except intracardiac)
_____ Gonadal tumors

Pediatric Urology:

_____ Cryptorchidism

Reconstructive Surgery:

_____ Kidney uretero-pelvic junction (duplication) only in neonate and with urology resident
_____ Genitalia, urethra, ureters, e.g., vesicoureteral reflux
_____ Bladder, e.g., exstrophy, only in neonate and with urology resident

DEPARTMENT OF THE NAVY

**PEDIATRIC SURGERY - SUPPLEMENTAL PRIVILEGES**

(Continued)

Closed Pediatric Cardiac Surgery:

_____ Patent ductus arteriosus
_____ Coarctation of aorta
_____ Shunts
_____ Pacemaker insertion
_____ Intra-aortic balloon pump insertion
_____ Pulmonary artery banding
_____ Vascular rings

Open pediatric cardiac surgery:

_____ Atrial septal defect
_____ Ventricular septal defect
_____ Tetralogy of Fallot
_____ Aortic valvular stenosis
_____ Pulmonary valvular stenosis
_____ Complex defect repair (applicable only to pediatric surgeons with 6-12 months of specialized training in pediatric cardiac surgery)

Pediatric Endoscopy:

_____ Laryngoscopy
_____ Bronchoscopy
Esophagoscopy
_____Rigid
_____Flexible
_____ Gastroscopy
_____ Peritoneoscopy
_____ Thoracoscopy
_____ Colonscopy

Pediatric Thoracic Surgery:

_____ Pericardiocentesis and pericardiostomy
_____ Thoracotomy
Pulmonary resection
_____Wedge
_____Segmental
_____Lobectomy

DEPARTMENT OF THE NAVY
**PEDIATRIC SURGERY - SUPPLEMENTAL PRIVILEGES**
(Continued)

_____ Pneumonectomy
Esophagus
_____Partial or total resection
_____Replacement
_____Anti-reflux procedures
_____ Chest wall resection or reconstruction

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PERIPHERAL VASCULAR SURGERY - CORE PRIVILEGES**

Comprehensive consultation, differential diagnosis and treatment planning of conditions including:

Arterial Disease(excluding coronary arteries, ascending aorta, aortic arch, descending thoracic aorta, pulmonary arteries, and intracranial arteries)

* Diagnosis and medical therapy of aneurismal, obstructive, traumatic, neoplastic, and infectious arterial diseases
* Interpretation of vascular ultrasound studies, extremity plethysmography studies, segmental arterial pressure studies, transcutaneous oxygen studies
* Intraoperative arteriography
* Angioscopy
* Catheter or open embolectomy/thrombectomy
* Endarterectomy
* Resection with or without graft replacement
* Arterioplasty
* Bypass graft
* Interposition graft
* Transposition
* Extremity amputation

Venous Disease

* Diagnosis and medical therapy of aneurismal, obstructive, traumatic, neoplastic and infectious venous diseases
* Ligation
* Stripping and/or local removal of varicose veins
* Endoscopic or open ligation of incompetent perforator veins
* Catheter or open embolectomy/thrombectomy
* Resection with or without graft replacement
* Venoplasty
* Bypass graft
* Interposition graft
* Transposition

Miscellaneous

* Thoracic or lumbar sympathectomy
* Surgical relief of thoracic outlet syndrome
* Lymphedema surgery

DEPARTMENT OF THE NAVY

**PERIPHERAL VASCULAR SURGERY - CORE PRIVILEGES**

(Continued)

* Percutaneous vascular catheter placement
* Arteriovenous fistula construction with or without synthetic graft material

Supplemental

_____ Intravenous conscious sedation
_____ Diagnostic and therapeutic use of angiography equipment
_____ Percutaneous transluminal arterioplasty
_____ Atherectomy
_____ Endovascular stent and stent graft placement
_____ Descending thoracic aorta thoracoabdominal aortic surgery

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PHYSICAL MEDICINE AND REHABILITATION - CORE PRIVILEGES**

Treatment of uncomplicated:

* Cardiovascular, gastrointestinal, genitourinary and respiratory tract diseases
* Skin problems, such as pressure ulcers and abscesses (including incision, drainage and debridement)

Evaluation and management of rehabilitation patients with impaired functions due to:

* Cerebral, brain stem, or spinal cord lesion including neurogenic bowel and bladder
* Peripheral nervous system disorders and myoneural junction disorders (e.g., radiculopathies, myasthenia gravis)
* Muscle diseases
* Loss of limb or its function
* Nonsurgical musculoskeletal problems (e.g., rheumatic diseases, collagen diseases, foot disorders, sprains)
* Electrodiagnostic studies (e.g., electromyography in association with other procedures such as, nerve conduction studies)
* Generalized deconditioning
* Chronic pulmonary, cardiac, and peripheral vascular disease
* Head trauma
* Evaluation and management of chronic pain problems
* Sports medicine
* Pediatric rehabilitation
* Prescription of physiatric modalities, including hydrotherapy, ultraviolet and infrared light, microwave, shortwave and ultrasound diathermy heat and cold modalities, electrical stimulation, and transcutaneous electrical nerve stimulation
* Lumbar puncture
* Local infiltration of steroids and local anesthetic mixture
* Arthrocentesis
* Biofeedback, relaxation training
* Application of orthotic materials
* Prescription of orthotics, prosthetics, wheelchairs, and adaptive equipment

DEPARTMENT OF THE NAVY

**PHYSICAL MEDICINE AND REHABILITATION - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**
(Continued)

_____ Local infiltration and topical application of anesthetics and nerve blocks
_____ Nerve and motor point blocks
_____ Performance of evoked potentials (somatosensory evoked response, brainstem auditory evoked response and visual evoked response)
_____ Spinal and joint manipulation
_____ Epidural steroid injection

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PLASTIC SURGERY - CORE PRIVILEGES**

Comprehensive examination, consultation, diagnosis, planning, and treatment of the following:

* Trauma
* Acquired ear deformity
* Burns
* Facial trauma and fractures
* Microtia
* Soft tissue wounds
* Breast deformities (acquired and postsurgical)
* Cutaneous malignancy (all types)
* Decubitus ulcers and pressure sores
* Facial paralysis (congenital and acquired)
* Hand deformities (congenital and acquired)
* Head and neck neoplasm
* Salivary gland tumors
* Scar formation
* Soft tissue malignancy
* Temporomandibular joint disease
* Tissue laxity
* Congenital breast deformity
* Other congenital deformities
* Facial clefting (congenital and acquired)
* Lymphedema
* Hemangiomas
* Wound healing problems
* Cosmetic deformities

Procedures:

* Abdominoplasty, lipectomy
* Augmentation mammoplasty
* Blepharoplasty
* Bone grafts
* Chemical peel
* Excision of cutaneous, intraoral and intranasal, soft tissue, thyroglossal and branchial tumors, and cleft cysts
* Facial fracture reduction and facial tissue reconstruction
* Hair transplantation
* Dermal and fat grafting
* Hand fracture reduction
* Lower extremity reconstruction

DEPARTMENT OF THE NAVY

**PLASTIC SURGERY - CORE PRIVILEGES**
(Continued)

Procedures: (Continued)
* Lymphadenectomy of the neck, axilla, and inguinal region
* Brow lift
* Mandibular and maxillary osteotomy
* Mastectomy prophylactic
* Mastopexy
* Microtia repair
* Myocutaneous flaps
* Nasal submucous resection
* Otoplasty
* Pedical skin flap
* Postmastectomy reconstruction
* Repair cleft lip and palate
* Repair nerves and vessels
* Repair tendons and nerves
* Rhinoplasty
* Rhytidectomy
* Release contractures (congenital or acquired)
* Skin grafting
* Reconstruction using aloplastic materials
* Reduction using aloplastic materials
* Suction assisted lipectomy
* Tendon transfers
* Thigh, arm, and buttock lifts
* Vaginal and urogenital reconstruction

**PLASTIC SURGERY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

All privileges require residency within last 2 years or privileges held within the last 2 years with documentation of clinical competency or at least two supervised cases within last 2 years. One procedure per year is required for renewal of privileges except for microvascular tissue transfer, which requires four per year.

DEPARTMENT OF THE NAVY

**PLASTIC SURGERY - SUPPLEMENTAL PRIVILEGES**

(Continued)

_____ Laser surgery
_____ Microvascular tissue transfer
_____ Craniofacial reconstruction
_____ Hand reconstruction (complex)
_____ Conscious sedation

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PREVENTIVE MEDICINE - CORE PRIVILEGES**

Comprehensive epidemiologic and clinical investigation and consultation for the prevention and control of disease, disability, and premature death, and evaluation, consultation, diagnosis, assessment of disease and injury risk, and treatment and intervention planning for individuals and population groups.

Preventable disease conditions including:

* Communicable diseases
* Tropical diseases
* Injuries
* Epidemics and unusual occurrences of diseases, disability and premature death
* Diseases of travelers
* Chronic diseases
* Chemical dependence
* Nosocomial infections
* Occupational and environmental diseases
* Diseases of lifestyle

Diagnostic or therapeutic procedures:

* Application of epidemiologic and biostatistical methods
* Interpretation of health care, injury and infectious disease data
* Surveillance programs for diseases and injuries
* Investigation of epidemics and other health-related events
* Clinical and laboratory evaluations of individuals and groups
* Travel medicine clinical services and consultation
* Hospital infection control programs
* Prescription and administration of mass treatment, immunizations and medications to control epidemics
* Disease contact tracking programs
* Individual and group education
* Immunization programs
* Disease and injury risk assessment of individuals and groups
* Disease screening and health risk assessment programs
* Interventions to modify or eliminate individual and group risk for disease and injury

DEPARTMENT OF THE NAVY

**PREVENTIVE MEDICINE - CORE PRIVILEGES**

(Continued)

* Application of biologic, behavioral, and environmental approaches to health promotion and disease and injury prevention
* Disease and injury risk assessment associated with travel for individuals, groups and operational units
* Assessment of effectiveness of interventional programs

**PREVENTIVE MEDICINE - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Disaster preparedness design and management
_____ Implementation of disaster relief efforts
_____ Application group behavior modification techniques
_____ Advanced epidemiologic biostatistical methods
_____ Interventional drug or vaccine studies

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PRIMARY CARE SPORTS MEDICINE - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

* Primary care privileges in either Family Practice, Emergency Medicine, Internal Medicine or Pediatrics

_____ Examination, diagnosis and treatment of disorders of the musculoskeletal system including:
- _____ contusions, strains, sprains
- _____ sports medicine and related injuries
- _____ back and neck pain, chronic and acute
- _____ neuromuscular disease and demyelinating disease
- _____ nonsurgical musculoskeletal problems, e.g., rheumatic diseases, collagen diseases and foot disorders
- _____ peripheral nervous system disorders and myoneural junction disorders, e.g., radiculopathies and myasthenia gravis
- _____ generalized deconditioning
- _____ evaluation and management of chronic pain conditions
- _____ pediatric diagnosis, treatment and rehabilitation

_____ Prescription of modalities, including hydrotherapy, ultraviolet and infrared light, microwave, short-wave and ultrasound diathermy, heat and cold modalities, electrical stimulation, transcutaneous electrical nerve stimulation, phonophoresis and iontophoresis

_____ Local infiltration of steroids and local anesthetic mixtures into joint, facet, subacromial space, trigger point, tendon sheath or perineural tissue

_____ Arthrocentesis

_____ Management of simple closed fractures with closed reduction, not requiring general anesthesia

_____ Local hematoma anesthetic block of a fractured bone

_____ Prescription of over-the-counter orthotics, prosthetics and adaptive equipment, e.g., crutches and wheelchairs

_____ Prescription of exercise protocols including range of motion, strengthening and stretching

_____ Initial evaluation of radiographic studies

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PSYCHIATRY - CORE PRIVILEGES**

Assessment, evaluation, consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders (current edition) published by the American Psychiatric Association:

* Cognitive impairment disorders
* Schizophrenia and other psychotic disorders
* Mood disorders
* Anxiety disorders
* Combat stress reactions
* Somatoform disorders
* Psychological or behavioral factors affecting a nonpsychiatric medical condition
* Dissociative disorders
* Factitious disorders
* Sexual disorders
* Gender identity disorders
* Eating disorders
* Sleep disorders
* Impulse control disorders not elsewhere classified
* Adjustment disorders
* Personality disorders
* Disorders usually first diagnosed in infancy, childhood, or adolescence (mental retardation, learning disorders, tics, etc.)
* Other clinically significant problems that may be a focus of diagnosis and treatment (movement disorders, relationship problems, bereavement, etc.)

Diagnostic and therapeutic procedures:

* Clinical interviewing
* Psychosocial history taking
* Mental status examination
* Physical examination
* Neurological examination
* Interpretation of psychological testing results
* Clinical case formulations
* Interpretation of radiological testing
* Interpretation of laboratory testing

DEPARTMENT OF THE NAVY

**PSYCHIATRY - CORE PRIVILEGES**

(Continued)

Major types of psychotherapy including:

| | |
|---|---|
| Individual therapy | Group therapy |
| Marital therapy | Short-term therapy |
| Family therapy | Psychodynamic therapy |
| Behavior therapy | |

* Crisis intervention
* Community outreach (health promotion, command consultation)
* Pharmacotherapy
* Drug and alcohol detoxification
* Medical, drug and alcohol rehabilitation
* Evaluations for suitability and fitness for duty
* Evaluations for special military programs (Personnel Reliability Program, weapons, etc.)
* Incapacitation determinations
* NCM Article 706 boards (sanity boards)

**PSYCHIATRY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Child and adolescent psychiatry
_____ Forensic psychiatry
_____ Addiction psychiatry
_____ Geriatric psychiatry
_____ Clinical neurophysiology
_____ Pain management
_____ Administrative psychiatry
_____ Psychoanalysis
_____ Electraconvulsive therapy
_____ Hypnosis
_____ Biofeedback

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

## PULMONARY MEDICINE - CORE PRIVILEGES

* Diagnosis and medical management of all categories of respiratory diseases, including chronic and acute respiratory failure
* Thoracentesis
* Transthoracic needle aspiration of lung parenchyma
* Endotracheal intubation
* Closed tube thoracostomy
* Arterial cannulation
* Central venous catheterization
* Fiberoptic biopsy, including endobronchial and transbronchial biopsies, brushing, bronchoalveolar lavage and transbronchial needle aspiration
* Pulmonary artery catheter placement
* Conscious sedation, analgesia and use of neuromuscular blocking agents
* Pulmonary function testing and interpretation
* Cardiopulmonary exercise testing
* Mechanical ventilatory support (invasive and noninvasive)

## PULMONARY MEDICINE - SUPPLEMENTAL PRIVILEGES

_____ Full polysomnographic testing and interpretation
_____ Interpretation of sleep studies for obstructive sleep apnea
_____ Medical thoracoscopy with pleural biopsy
_____ Closed pleural biopsy
_____ Photodynamic therapy
_____ Cryotherapy
_____ Laser bronchoscopy
_____ Argon plasma coagulation
_____ Rigid bronchoscopy
_____ Brachytherapy
_____ Tracheobronchial stent placement
_____ Balloon bronchoplasty

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**DIAGNOSTIC RADIOLOGY - CORE PRIVILEGES**

Consultation, diagnostic workup planning, radiation monitoring, performing and interpreting the following diagnostic and therapeutic procedures:

* Routine radiographic studies including the head, neck, spine, chest, abdomen, pelvis and extremities
* Fluoroscopic procedures of the gastrointestinal tract, e.g., barium swallow, enteroclysis, upper gastrointestinal series, small bowel follow through, air contrast and solid column barium enemas
* Radiologic procedures of the genitourinary tract, e.g., intravenous pyelogram, voiding cystourethrogram, hystero-salpingogram and nephrostogram
* Radiologic procedures of the musculoskeletal system, e.g., arthrography, intra-articular aspirations and infusions
* Myelograms of the cervical, thoracic and lumbar spine via a lumbar puncture using fluoroscopic guidance
* Radioimmuneassays using Chromium-51, Iodine-125, and Cobalt radionuclides**
* Nuclear medicine procedures using the radioisotopes Technetium-99M, Iodine-131, Iodine-123, Gallium-67, Thallium-201, Indium-111, Fluorine 18-FDG, Xenon-133 and Xenon-127**
* Ultrasound examinations and ultrasound guided procedures including abdominal, small parts, vascular, pelvis and musculoskeletal ultrasound and neurosonology.
* Computed axial tomography images of the head, vascular system, neck, spine, chest, abdomen, pelvis and extremities.
- Magnetic resonance imaging studies of the vascular system, head, neck, spine, chest, abdomen, pelvis and extremities.

** These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable Nuclear Regulatory Commission (NRC) regulations

DEPARTMENT OF THE NAVY

**DIAGNOSTIC RADIOLOGY - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

Mammographic studies and procedures (must be on a Food and Drug Administration (FDA) mammography license for all privileges in this category):

_____ Interpretation of mammograms
_____ Breast procedures including mammographic guided-wire localizations, ultrasound-guided aspiration, biopsy or localization and stereotactic-guided localizations and biopsies (requires signature of lead interpreting physician on FDA certificate _____)

Advanced neuroradiological procedures:

_____ Cervical myelography via second cervical space puncture
_____ Diagnostic cerebral and spinal angiography
_____ Balloon test occlusion, intracranial balloon angioplasty and stenting
_____ Intracranial thrombolysis
_____ Intracranial and spinal arterial and venous embolization and chemoembolization
_____ Head and neck arterial and venous embolization and chemoembolization
_____ Advanced spinal interventions, such as kyphoplasty, vertebroplasty and discography

Advanced angiographic procedures:

_____ Performance and interpretation of angiography of the thoracic and abdominal aorta, extracranial carotid, vertebral, iliofemoral and peripheral arteries
_____ Transluminal angioplasty and stenting of the thoracic and abdominal aorta, extracranial carotid, vertebral, iliofemoral and peripheral arteries
_____ Performance and interpretation of visceral and renal angiography
_____ Transluminal angioplasty and stenting of the visceral and renal arteries
_____ Non-neurologic arterial embolization procedures
_____ Performance and interpretation of contrast venography of the major vessels
_____ Placement of vena caval filters
_____ Venous access procedures including Peripheral Inserted Central Catheter (PICC) lines, tunneled catheters, and Portacaths

DEPARTMENT OF THE NAVY

**DIAGNOSTIC RADIOLOGY - SUPPLEMENTAL PRIVILEGES**

(Continued)

Advanced interventional procedures:

_____ Guided biopsies using fluoroscopy, computerized tomography, or ultrasound of deep solid masses, organs **or** bones
_____ Imaging-guided pulmonary biopsies
_____ Puncture and drainage of fluid collections and abscesses
_____ Percutaneous biliary procedures including drainage, cholangiography, and cholecystostomy
_____ Percutaneous nephrotomy and subsequent drainage
_____ Transjugular intrahepatic portosystem shunts
_____ Percutaneous placement of enteric tubes

** Advanced nuclear medicine studies:

_____ Use of Iodine 131 for therapy in Graves or Plummers disease (less than 30 millicuries)
_____ Use of Phosphorus-32 for intravenous and intraperitoneal use
_____ Use of Iodine-131 for therapy in thyroid carcinoma in amounts greater than 30 millicuries or in diagnosis of thyroid cancer in amounts less than 30 microcuries
_____ Use of Strontium-89 or Samarium-153 for metastatic disease to bone
_____ Use of Yttrium-90 for therapy of lymphoma

** These procedures require the concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations.

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

## THERAPEUTIC RADIOLOGY - CORE PRIVILEGES

Management of cancer patients and treatment of malignant and appropriate benign conditions, including:

* Consultation and diagnostic workup
* Simulation and treatment planning, including use of radiation therapy simulator
* External beam megavoltage radiation therapy, including linear accelerator (photon and neutron) and Cobalt-60 unit
* Orthovoltage and superficial therapy
* Brachytherapy, including permanent and temporary implants or intracavity treatment with the following sources (with concurrent approval of the Radiation Safety and Radioisotope Committee following applicable NRC regulations):

  - Cesium-137
  - Iridum-192
  - Strontium-90
  - Iodine-125
  - Paladium-103

## THERAPEUTIC RADIOLOGY - SUPPLEMENTAL PRIVILEGES
**Write “Yes” or “No” by each supplemental privilege**

_____ High dose rate after loading brachytherapy
_____ Whole body photon therapy for bone marrow transplant
_____ Whole body electron therapy for mycosis
_____ Systemic radionucleotide administration (Iodine-131, Strontium-89, Samarium-153)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

## RHEUMATOLOGY - CORE PRIVILEGES

* Comprehensive examination, consultation, diagnosis, and treatment of disorders of connective tissue and autoimmune disease
* Arthrocentesis
* Soft tissue injections
* Assessment of bone and joint imaging studies
* Applied use of immunosuppressive, specific disease remittive agents and immunomodulatory agents

## RHEUMATOLOGY - SUPPLEMENTAL PRIVILEGES

**Write “Yes” or “No” by each supplemental privilege**

_____ Arthroscopy
_____ Synovial biopsy
_____ Arthrogram completion and interpretation

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**UNDERSEA MEDICAL OFFICER - CORE PRIVILEGES**

Operational medicine and primary care medicine core privileges

Preliminary diagnosis, limited treatment, and stabilization of:

* Acute ionizing radiation injuries (internal or external contamination) and irradiation injuries in conjunction with traumatic injuries
* Emergencies for which hyperbaric oxygen therapy is indicated as a primary or adjunct therapeutic modality, including exceptional blood loss, anemia, acute carbon monoxide poisoning, surgical intravascular gas embolus, gas gangrene, radio-osteonecrosis and soft tissue necrosis
* Acute barotraumatic injuries, including pulmonary and nonpulmonary barotrauma, e.g., injury of sinuses, internal organs, or the ears, using needle or open thoracostomy
* Near drowning
* Acute or chronic hypothermia or hyperthermia
* Corneal and other ophthalmic foreign bodies, contact lens injuries and associated infections
* Dental procedures including extractions, emergency management of fractured teeth and fractured or missing restorations and prosthetics, analgesia and local anesthesia blocks, emergency care of dental abscesses
* Endotracheal intubation
* Bladder catheterization
* Emergency reduction of fractures and dislocations with circulatory compromise
* Acute above or underwater blast injury management
* Care of injury or toxic state caused by dangerous marine life, extraordinary parasitic and tropical diseases
* Preliminary interpretations of audiogram

Comprehensive examination, diagnosis, and management of:

* Hyperbaric and hypobaric related casualties or injuries, including decompression sickness (all types), gas embolism, dysbaric osteonecrosis, compression arthralgia and high pressure nervous syndrome

DEPARTMENT OF THE NAVY
**UNDERSEA MEDICAL OFFICER - CORE PRIVILEGES**
(Continued)

Comprehensive examination, diagnosis, and management of:

* Complete history and physical for special duties for submarine duty, diving duty, combat swimming and occupational exposure to ionizing radiation, including the proper certification of physically qualified and proper consultation and preparation of waiver of physical standards when appropriate
* Complete neurological evaluation for deficits or compromise of the central nervous and peripheral nervous systems
* Recognition and treatment of toxic atmospheric and hyperbaric condition, caused by oxygen, carbon dioxide, carbon monoxide, inert gases and other atmospheric contaminants

Medical support evaluations:

* Public health and sanitation inspections of food services, berthing areas, heads, and showers, ashore and afloat
* Environmental and occupational medicine examinations and site evaluations for personnel reliability program, toxic hazards and gas-free engineering hazards, radiation health programs, sight and hearing conservation programs and preventive medicine programs
* Investigation of biological aspects of submarine and diving-related mishaps when appropriate, participation as a member of accident investigation boards and accurate completion of required medical reports
* Advice and instruction of submarine and diving personnel on proper care and use of life support and survival equipment
* Performance of basic psychological and psychiatric evaluations on self-referred or command-referred patients
* Evaluation of biomedical hazards associated with submarine, diving, rescue, or escape operations, preparation and training
* Instruction of personnel regarding potential hazards associated with submarine and diving environments and methods of preventing injury
* Medical support and evaluation of combat swimming operation, including special, unique one-time hazards associated with equipment and geographic location
* Supervision and instruction of independent duty corpsmen

DEPARTMENT OF THE NAVY

**UNDERSEA MEDICINE OFFICER - SUPPLEMENTAL PRIVILEGES**

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

# UROLOGY - CORE PRIVILEGES

Comprehensive examination, consultation, diagnosis and treatment of urologic disorders

Major procedures:

* Lymphadenectomy, pelvic
* Lymphadenectomy, inguinal
* Lymphadenectomy, ilioinguinal
* Lymphadenectomy, retroperitoneal
* Drainage of retroperitoneal abscess
* Excision of retroperitoneal tumor or cyst
* Exploratory laparotomy
* Closure of evisceration
* Herniorrhaphy, incisional
* Adrenalectomy, unilateral
* Adrenalectomy, bilateral
* Drainage of renal or perirenal abscess
* Nephrostomy, open
* Nephrolithotomy, simple
* Nephrolithotomy, staghorn
* Nephrolithotomy, percutaneous
* Pyelolithotomy
* Renal biopsy, open
* Nephrectomy, single, unilateral
* Nephrectomy, simple, bilateral
* Nephrectomy, radical
* Nephrectomy, partial
* Nephroureterectomy
* Nephrectomy, donor
* Harvest of cadaver kidneys
* Ureterolithotomy
* Ureteroscopy with calculus removal, biopsy, or fulguration
* Ureterolysis
* Ureteroureterostomy
* Transureteroureterostomy
* Ureteroneocystostomy, unilateral
* Ureteroneocystostomy, bilateral
* Ureteroneocystostomy, with bladder flap
* Ureterosigmoidostomy
* Ileal conduit, separate procedure, bilateral
* Sigmoid conduit, separate procedure, bilateral
* Replacement of ureter with bowel

DEPARTMENT OF THE NAVY
**UROLOGY - CORE PRIVILEGES**
(Continued)

Major procedures: (Continued)
* Cutaneous pyelo or ureterostomy, unilateral
* Cutaneous pyelo or ureterostomy, bilateral
* Urethroscopy
* Cystolithotomy
* Excision urachal cyst
* Diverticulectomy
* Partial cystectomy
* Partial cystectomy, with ureteroneocystostomy
* Simple cystectomy complete
* Simple cystectomy with ileal conduit
* Simple cystectomy with ureterosigmoidostomy
* Pyeloplasty
* Percutaneous nephrostom
* Percutaneous nephroscopy
* Heminephroureterectomy
* Renal cyst, unroofing
* Ureterectomy (separate procedure)
* Radical cystectomy with ureterosigmoidostomy
* Pelvic exenteration with (male) urinary diversion
* Vesical neck plasty
* Urethropexy (Marshall-Marchetti)
* Vaginal urethropexy (Stamey-Raz)
* Repair rupture of bladder
* Repair of vesicovaginal fistula (vaginal)
* Repair of vesicovaginal fistula (abdominal)
* Entercystoplasty
* Vesicostomy
* Open biopsy
* Prostatectomy, perineal, simple
* Prostatectomy, perineal, radical
* Prostatectomy, retropubic, simple
* Prostatectomy, retropubic, radical
* Prostatectomy, suprapubic
* Urethrectomy, separate procedure
* Diverticulectomy
* Open repair of membranous stricture
* Epididymovasostomy
* Vasovasostomy
* Radical cystectomy with ileal conduit

DEPARTMENT OF THE NAVY
**UROLOGY - CORE PRIVILEGES**
(Continued)

Major procedures: (Continued)
* Simple cystectomy with cutaneous ureterostomy
* Epididymectomy
* Urethroplasty for anterior stricture, one stage
* Urethroplasty for anterior stricture, staged
* Hypospadias repair
* Chordee correction
* MAGPI/Mathieu urethroplasty
* Meatoplasty
* Fistula repair
* Closure, urethro-vaginal fistula
* Closure of urethro-rectal fistula
* Repair of urethral injury
* Penile amputation, partial or complete
* Penile amputation plus ilioinguinal (inguinofemoral) lymphadenectomy
* Correction of chordee without hypospadias
* Insertion of penile prosthesis
* Repair of major injury
* Shunt of cavernosum to spongiosum, open
* Shunt, cavernosum to spongiosum percutaneous
* Orchiectomy, inguinal (radical)
* Orchiopexy, unilateral
* Orchiopexy, bilateral
* Scrotal excision, complete
* Transurethral resection of the prostate
* Transurethral resection of bladder tumor (greater than 2 cm)
* Transurethral resection of valves
* Ligation of internal spermatic vein

Minor Procedures:
* Cystostomy, open
* Cystostomy closure
* Cystostomy, trochar
* Needle biopsy of prostate
* Incise and drain prostatic abscess
* Urethrostomy, internal
* Urethrostomy, external
* Urethrostomy, perineal

DEPARTMENT OF THE NAVY
**UROLOGY - CORE PRIVILEGES**
(Continued)

Minor Procedures: (Continued)

* Meatotomy
* Incise and drain periurethral abscess
* Biopsy of urethra
* Excision of urethral prolapse
* Biopsy of testis
* Vasotomy for vasogram plus biopsy
* Excision of testis lesion
* Orchiectomy, simple, unilateral or bilateral
* Insertion of testicular prosthesis
* Repair of testis (trauma)
* Reduction plus fixation of torsion
* Excision of epididymis lesion
* Biopsy of epididymis
* Excision of spermatocele
* Vasectomy
* Hydrocelectomy
* Repair of scrotal trauma
* Partial excision of the scrotum
* Cystoscopy
* Cystoscopy with placement of ureteral stent
* Cystoscopy plus ureteral catheterization
* Cystoscopy plus cup biopsy of the bladder
* Cystoscopy and fulguration
* Cystoscopy, calibration and dilation of stricture
* Cystoscopy, litholapaxy, simple
* Cystoscopy, removal of foreign body, simple
* Cystoscopy, extraction ureteral calculus
* Cystoscopy, hydrodistention of bladder
* Cystoscopy, transurethral resection of bladder tumor (less than 2 cm small)

DEPARTMENT OF THE NAVY

**UROLOGY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

**General**

_____ Extracorporeal Shock-Waves lithotripsy
_____ Continent urinary diversion, separate procedure
_____ Radical cystectomy with continent diversion
_____ Repair of enterovesical fistula
_____ Repair of exstrophy, initial
_____ Repair of exstrophy, continence procedure
_____ Open insertion of radioactive materials
_____ Major urethroplasty
_____ Reconstruction for incontinence
_____ Insertion prosthesis for incontinence
_____ Repair of epispadias
_____ Repair of epispadias with incontinence
_____ Homotransplantation - kidney
_____ Autotransplantation - kidney
_____ Contigen injection – treatment of incontinence, endoscopic
_____ Conscious sedation
_____ Pulsed dye laser lithotripsy
_____ Transrectal ulrasound of prostate (TRUS)

**Percutaneous renal procedures**

_____ Percutaneous nephrostomy tube placement/access
_____ Percutaneous nephrostolithotomy
_____ Percutaneous endopyeloplasty
_____ Percutaneous resection of renal pelvic lesion
_____ Other percutaneous procedure_____

**Miscrosurgical procedures**

_____ Microsurgical vasovasostomy
_____ Microsurgical vasoepididymostomy
_____ Microsurgical revascularization
_____ Other microsurgical procedure

DEPARTMENT OF THE NAVY

**UROLOGY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

**Laser certification – certified in use of the following laser types:**

_____ Nd: YAG laser
_____ $CO_2$ laser
_____ Holmium laser
_____ Pulsed-dye laser
_____ KTP laser
_____ Other_____

**Laparoscopy - Basic**

_____ Diagnostic laparoscopy
_____ Laparoscopic varicocele ligation
_____ Laparoscopic orchiectomy
_____ Laparoscopic orchiopexy
_____ Other laparoscopic procedure_____

**Laparoscopy - Advanced**

_____ Laparoscopic pelvic lymphadenectomy
_____ Laparoscopic renal cyst decortication
_____ Laparoscopic nephrectomy
_____ Laparoscopic renal biopsy
_____ Laparoscopic retroperitoneal biopsy
_____ Laparoscopic bladder neck suspension (Burch procedure)
_____ Laparoscopic bladder/ureteral surgery
_____ Other laparoscopic procedure_____

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

# APPENDIX F

## CLINICAL PRIVILEGE SHEETS FOR DENTISTS

1. The clinical privilege sheets contained in this appendix are arranged by dental disciplines, including general dentistry. These sheets are used in the application and granting of professional staff appointments to delineate a specific scope of care, i.e., clinical privileges. The privileges are divided into two categories for each specialty area, core privileges and supplemental privileges.

a. Core privileges:

(1) Constitute a single entity. This is not a list from which applicants may choose the privileges they wish to request.

(2) Describe the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by MTFs/DTFs. Forward suggested modifications to core privileges to M3M (Medical Operations Support) via the appropriate specialty advisor and M3D (Dental Operations Support).

b. Supplemental privileges:

(1) Are delineated on an item by item basis. Provider must write “yes” or “no” beside the supplemental privilege on the privilege sheet. The area labeled "other" is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by MTFs/DTFs by adding, deleting, or modifying items to make them specific to their facility. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets appropriate for their specialty.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation, to the degree permitted by their licensure, training, applicable laws and Navy regulations.

4. Criteria for dentist core privileges:

a. Graduation from a dental school approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada of the Canadian Dental Association.

b. Completion of a residency approved by the Commission on Accreditation of Dental and Auxiliary Educational Programs of the ADA or the Commission on Dental Accreditation of Canada of the Canadian Dental Association, for specialties other than general dentistry.

c. Possession of a current, valid, unrestricted, license or licensure exemption.

d. Current clinical competence.

e. No health status contraindications to granting clinical privileges as delineated.

5. Criteria for dentist supplemental privileges:

a. Criteria for core privileges.

b. Compliance with departmental-specific (specialty) criteria that have been endorsed by the MTF/DTF ECOMS/ECODS respectively and approved by the privileging authority.

6. Hospital privileges for dentists not permanently assigned to hospitals:

a. Designated privileging authorities of dentists desiring to exercise clinical privileges in a hospital to which they are not permanently assigned shall forward an ICTB, Appendix N, to the designated privileging authority of the gaining hospital.

b. The dentist shall submit an Appendix Q request to the designated privileging authority of the gaining hospital requesting applicable core clinical privileges and supplemental clinical privileges, as needed and supported by the gaining facility, and for which he/she meets the gaining facility's departmental criteria. The Appendix Q request is then endorsed by the gaining facility's department head and designated privileging authority.

c. The dentist shall have only one ICF. That ICF shall be maintained by the designated privileging authority of the command to which the dentist is permanently assigned, as defined in paragraph 6 of this instruction. The gaining facility will forward a copy of Appendix Q to the designated privileging authority of the command to which the dentist is permanently assigned for inclusion into his/her ICF. Appendix Q may be sent concurrently with the PAR.

d. The granting of supplemental privileges by the gaining designated privileging authority does not violate the principle of one privileging authority in the Navy's multi-institutional credentialing and privileging system. The Chief, BUMED is the corporate privileging authority for all DON practitioners. The multi-institutional credentialing and privileging system provides for the intra-system transfer and acceptance of core clinical privileges and the facility-specific granting of supplemental clinical privileges.

7. Core privilege sheets are included in this appendix for the following disciplines:

General dentistry
Comprehensive dentistry
Endodontics
Maxillofacial prosthodontics
Operative dentistry
Oral and maxillofacial surgery
Oral medicine
Oral and maxillofacial pathology
Orofacial pain
Orthodontics
Pediatric dentistry
Periodontics
Prosthodontics

DEPARTMENT OF THE NAVY

**GENERAL DENTISTRY - CORE PRIVILEGES**

Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records, and diagnostic casts

* Preliminary diagnosis, initial treatment, or stabilization of oral manifestations of systemic disease
* Management of odontogenic infections and diseases through pharmacologic means and incision and drainage
* Post mortem dental exam for purposes of identification
* Preventive dentistry services
* Sedation and analgesia (oral) (patients over 12 years old)
* Restorative dentistry; inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention
* Pulp caps, pulpotomy, pulpectomy
* Occlusal adjustment (limited)
* Provisional splinting
* Occlusal splint
* Root planing
* Apexification and apexogenesis
* Gingivectomy and gingivoplasty
* Gingival curettage
* Complete or partial dentures; new, reline, rebase, repair, immediate (uncomplicated)
* Crown, retainer, and pontic (uncomplicated) services not increasing the vertical dimension of occlusion
* Post and core procedures
* Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
* Post trauma replantation
* Alveoloplasty concurrent with extractions
* Repair traumatic wounds (less than 2 cm and not crossing vermilion border)
* Local anesthesia
* Soft tissue excision/biopsy
* Foreign body removal in the treatment of acute trauma
* Osteitis and pericoronitis treatment
* Complete uncomplicated, nonsurgical root canal therapy for permanent teeth

DEPARTMENT OF THE NAVY

**GENERAL DENTISTRY - CORE PRIVILEGES**

(Continued)

* Bleaching of discolored teeth
* Space maintenance
* Removable orthodontic appliances to effect minor tooth movement or habit correction

**GENERAL DENTISTRY - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

_____ Tooth extraction (including fully-encapsulated third molars not requiring sectioning or bone removal)
_____ Extraction of bony impacted third molars
_____ Minor tooth movement (fixed appliances)
_____ Root-end resection and root-end filling (uncomplicated anterior)
_____ Resin-bonded fixed partial denture
_____ Nonsurgical management of temporomandibular disorders
_____ Maintenance of dental implants (to include removal and reinsertion of implant restorations)
_____ Prosthetic restoration of dental implants (limited to single tooth restorations)
_____ Inhalation sedation or analgesia with nitrous oxide or oxygen

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**COMPREHENSIVE DENTISTRY - CORE PRIVILEGES**

General dentistry core privileges and:

* Root-end resection and root-end filling (uncomplicated anterior)
* Deciduous root canal treatment
* Frenectomy
* Occlusal adjustment (complete)
* Hawley appliances
* Overdenture (complete and partial)
* Tooth extraction (including fully-encapsulated third molars requiring bone removal, but excluding full-bony impactions)
* Resin-bonded fixed partial denture
* Nonsurgical management of temporomandibular disorders
* Minor tooth movement (fixed appliances)
* Habit correction appliances
* Hemisection, bicuspidization, and root amputation
* Limited osseous resective surgery to facilitate restorative dentistry (crown lengthening procedures)
* Replaced periodontal flap procedures for debridement in mild or moderate periodontitis cases

**COMPREHENSIVE DENTISTRY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Extraction of bony impacted third molars
_____ Direct compacted gold restorations
_____ Prosthetic restoration of dental implants (limited to single tooth restorations)
_____ Maintenance of dental implants (to include removal and reinsertion of implant restorations)
_____ Guided tissue regeneration of periodontal defects
_____ Inhalation sedation/analgesia with nitrous oxide/oxygen
_____ Thin (< 2 mm) free soft tissue autographs
_____ Laterally-positioned pedicle grafts
_____ Use of autogenous, alloplastic and allogenic bone grafts in isolated periodontal defects of moderate extent

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ENDODONTICS - CORE PRIVILEGES**

General dentistry core privileges and:

* Comprehensive endodontic examination, consultation and treatment planning
* Complicated nonsurgical root canal therapy for all permanent teeth
* Root canal therapy for deciduous teeth
* Surgical removal of dentoalveolar osseous lesions
* Surgical root canal therapy including; root-end resection, root-end filling, decompression, root resection, bicuspidization, hemisection, perforation repair, trephination, and incision and drainage
* Endodontic endosseous implants
* Minor tooth movement
* Intentional tooth replantation (extraction replantation) or transplantation
* Nonsurgical management of temporomandibular disorders

**ENDODONTICS - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Inhalation sedation/analgesia with nitrous oxide/oxygen
_____ Guided tissue (including bone) regeneration procedures (GTR, GBR)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**MAXILLOFACIAL PROSTHODONTICS - CORE PRIVILEGES**

General dentistry core privileges, prosthodontic core privileges, and:

* Intraoral maxillofacial prostheses (complex)
* Extraoral maxillofacial prostheses (complex)
* Intraoral and extraoral impressions
* Implants to provide normal symmetry for patients having incurred trauma, disease, or congenital defects
* Extraoral implants using osseointegrated fixtures

**MAXILLOFACIAL PROSTHODONTICS - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OPERATIVE DENTISTRY - CORE PRIVILEGES**

General dentistry core privileges, and:

* Direct compacted gold restorations
* Full veneer ceramic restorations, as well as ceramic inlays and onlays
* Occlusal adjustment (complete)
* Minor tooth movement (fixed appliances)
* Hawley appliances
* Resin-bonded fixed partial denture

**OPERATIVE DENTISTRY - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

_____ Inhalation sedation/analgesia with nitrous oxide/oxygen
_____ Nonsurgical management of temporomandibular disorders
_____ Prosthetic restoration of dental implants (limited to single tooth restorations)
_____ Maintenance of dental implants (to include insertion and removal of implant restorations)
_____ Hemisection, bicuspidization, and root amputation

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ORAL AND MAXILLOFACIAL SURGERY - CORE PRIVILEGES**

General dentistry core privileges and:

* Comprehensive oral maxillofacial surgery examination, consultation, and treatment planning
* Dentoalveolar surgery; extraction of soft and hard tissue impaction, intentional tooth replantation or transplantation, root-end resection and root-end filling (uncomplicated anterior), sequestrectomy, stomatoplasty, ridge augmentation (uncomplicated), alveoloplasty, osseointegrated implants, and oral antral/oral nasal fistula repair
* Management of oral facial infections
* Comprehensive management of oral manifestations of chronic systemic diseases, e.g., lichen planus, pemphigoid and erythema multiforme
* Repair traumatic wounds: oral and facial
* Repair and management of facial fractures: alveolar, maxilla, mandible, nasoethmoidal, zygoma, frontal
* Tracheostomy
* Nasal antrostomy
* Maxillary sinusotomy
* Therapeutic medication by injection
* Craniofacial analysis
* Extracranial facial osteotomies
* Augmentation, contouring, reductions of hard and soft tissue
* Marsupialization
* Soft tissue grafts
* Vestibuloplasty, frenectomy, mucogingival surgery
* GTR
* Inhalation sedation/analgesia with nitrous oxide/oxygen
* Intramuscular sedation
* Intravenous sedation
* General anesthesia
* Nonsurgical management of temporomandibular joint disorders
* History and physical examination, hospital admission: adult and pediatric
* Resection of maxilla, mandible
* Major salivary gland surgery
* Sialography
* Minor tooth movement
* Placement maxillofacial devices
* Arthrogram
* Arthroscopy

DEPARTMENT OF THE NAVY

**ORAL AND MAXILLOFACIAL SURGERY - CORE PRIVILEGES**

(Continued)

General dentistry core privileges and: (Continued)

* Temporomandibular joint surgery
* Preprosthetic reconstructive surgery
* Scar revision: oral and facial
* Reconstruction of the facial skeleton
* Excision of benign and malignant tumors and cysts of the hard and soft tissues
* Harvest of hard and soft tissue grafts
* Alveolar cleft repair

**ORAL AND MAXILLOFACIAL SURGERY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

_____ Cleft lip repair
_____ Cleft palate repair
_____ Craniofacial implants
_____ Liposuction
_____ Microneural repair
_____ Microvascular reconstruction
_____ Laser surgery
_____ Cranial bone graft
_____ Rhinoplasty
_____ Blepharoplasty
_____ Rhytidectomy
_____ Otoplasty
_____ Chemical peel
_____ Dermabrasion

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ORAL MEDICINE - CORE PRIVILEGES**

General dentistry core privileges, and:

* Comprehensive management of oral manifestations of chronic systemic disease, e.g., lichen planus, pemphigoid and erythema multiforme
* Dental management of medically compromised patients
* Nonsurgical management of temporomandibular disorders

**ORAL MEDICINE - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

_____ Inhalation sedation/analgesia with nitrous oxide/oxygen
_____ Sialography
_____ Interpretation of advanced imaging systems (tomograms, computerized tomography, and magnetic resonance imaging)
_____ Arthrography

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ORAL AND MAXILLOFACIAL PATHOLOGY - CORE PRIVILEGES**

General dentistry core privileges, and:

* Comprehensive management of oral manifestations of chronic systemic disease, e.g., lichen planus, pemphigoid and erythema multiforme
* Macroscopic and microscopic tissue examination
* Preparation of tissue examination report
* Forensic dental identification examination
* Interpret frozen section
* Order and evaluate histochemical stains
* Order and evaluate immunohistochemical stains
* Sign out of microscope tissue examination

**ORAL AND MAXILLOFACIAL PATHOLOGY - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

_____ Order and evaluate electron microscopic examinations
_____ Interpret fine needle aspirate
_____ Interpret oral cytologic smears
_____ Interpretation of advanced imaging systems (tomograms, computerized tomography and magnetic resonance imaging)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OROFACIAL PAIN - CORE PRIVILEGES**

General dentistry core privileges, and:

* Nonsurgical management of orofacial pain/temporomandibular disorders
* Occlusal analysis and adjustment (complete)
* Mandibular manipulation
* Myofascial trigger point injections (complete trigeminal system)

**OROFACIAL PAIN - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Inhalation sedation/analgesia with nitrous oxide/oxygen
_____ Interpretation of advanced imaging systems (tomograms, computerized tomography and magnetic resonance imaging)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**ORTHODONTICS - CORE PRIVILEGES**

General dentistry core privileges and:

* Comprehensive orthodontic examination, consultation, and treatment retention program
* Fixed and removable retainers
* Positioners
* Comprehensive orthodontic treatment
* Fixed and removable appliances
* Intraoral and extraoral traction
* Orthopedic appliances
* Functional appliances
* Habit correction appliances
* Occlusal analysis and adjustment (complete)
* Nonsurgical management of temporomandibular disorders

**ORTHODONTICS - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PEDIATRIC DENTISTRY - CORE PRIVILEGES**

General dentistry core privileges and:

* Comprehensive pediatric dental exam, consultation and treatment planning
* Comprehensive care of patients with special needs
* Root canal therapy for deciduous teeth
* Obturator
* Tooth exposure, surgical
* Tooth extraction: mesiodens, anterior supernumeraries, immature premolars in conjunction with serial extraction treatment
* Orthodontic treatment: limited to minor tooth movement, craniofacial analysis, expansion appliances, functional appliances, sectional arch wires, utility archwire, 2x4 and 2x6 appliances, extraoral traction devices, fixed and removable retainers and habit correction appliances
* Nonsurgical management of temporomandibular disorders (pediatric patients)
* Pediatric conscious sedation: inhalation sedation/analgesia with nitrous oxide/oxygen, intra-nasal sedation and oral sedation
* Frenectomy

**PEDIATRIC DENTISTRY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Resin-bonded fixed partial denture
_____ Comprehensive orthodontics (define scope of cases)
_____ Pediatric conscious sedation, Intramuscular
_____ Pediatric conscious sedation, Subcutaneous
_____ Pediatric conscious sedation, Intravenous

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PERIODONTICS - CORE PRIVILEGES**

General dentistry core privileges and:

* Comprehensive periodontal examination, consultation and treatment planning
* Complete occlusal adjustment
* Osseous grafts (intraoral autografts, allografts and alloplasts)
* Soft tissue grafts (pedicle, free autogenous up to 2 mm thickness)
* Thick (greater than 2 mm thickness) free soft tissue autogenous palatal and connective tissue grafts
* Root resective procedures (hemisection, amputation, and bicuspidization)
* Tooth extraction (including impactions) associated with periodontal surgery
* Vestibuloplasty
* Frenectomy
* Surgical tooth exposure
* Surgical perforation repair
* Nonsurgical management of temporomandibular disorders
* Alveoloplasty
* Osseous resective surgery
* Surgical removal of dentoalveolar osseous lesions
* Removal of exostoses
* Ridge augmentation and contouring (hard and soft tissue)
* Intentional tooth replantation or transplantation
* Surgical placement and maintenance (including removal and reinsertion) of osseointegrated dental implants
* Guided tissue (including bone) regeneration procedures (GTR, GBR)
* Minor tooth movement (fixed appliances)

**PERIODONTICS - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**
(Continued)

_____ Fixed orthodontic appliances including full arch treatment
_____ Intravenous sedation and analgesia
_____ Inhalation sedation/analgesia with nitrous oxide/oxygen
_____ Sinus augmentation procedures in conjunction with dental implant placement
_____ Surgical root canal therapy including root-end resection and filling

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PROSTHODONTICS - CORE PRIVILEGES**

General dentistry core privileges and:

* Comprehensive prosthodontic examination, consultation, overall restorative treatment planning
* Complete and partial overdentures, the combination case syndrome
* Fixed and removable prostheses involving precision attachments
* Prosthodontic treatment of malposed teeth, occlusal plane discrepancies, changes to the existing vertical dimension of occlusion with or without concomitant restoration of anterior guidance
* Full veneer ceramic restorations, as well as ceramic inlays and onlays
* Oral reconstruction to include, but not limited to opposing quadrants restored with fixed prostheses, techniques involving functionally generated path or fully adjustable instruments
* Complete dentures involving complicated occlusal schemes
* Complete dentures involving a cast metal bases or cast metal occlusals
* Single unit complete dentures opposing natural dentition (complicated)
* Dentures on surgically augmented residual ridges
* Rotational path removable partial dentures
* Nonsurgical management of temporomandibular disorders
* Resin bonded fixed partial dentures
* Minor tooth movement (fixed appliances)
* Intraoral maxillofacial prostheses and repairs
* Prostheses on intraoral osseointegrated fixtures

**PROSTHODONTICS - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Surgical placement and maintenance (including removal and reinsertion) of osseointegrated dental implants

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

# APPENDIX G

## CLINICAL PRIVILEGE SHEETS FOR ALLIED HEALTH SPECIALISTS

1. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate specific scopes of care, i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

a. Core privileges:

(1) Constitute a single entity. This is not a list from which applicants may choose the privileges they wish to request.

(2) Describe the baseline scope of care for fully qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and are not to be modified by MTFs/DTFs. Forward suggested modifications to core privileges to M3M (Medical Operations Support) via the appropriate specialty leader.

b. Supplemental privileges:

(1) Are delineated on an item-by-item basis. Provider must write “yes” or “no” beside the supplemental privilege, on the privilege sheet. The area labeled “other” is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by MTFs/DTFs by adding, deleting or modifying items to make them specific to their facility. The command should notify providers in writing when terms are disallowed or removed from their supplemental privileges list. This action does not require BUMED approval.

2. Practitioners must use only those privilege sheets appropriate for their clinical specialty or area of expertise.

3. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation to the degree permitted by their licensure, training, applicable laws and Navy regulations.

4. Criteria for allied health specialists core privileges

a. Current clinical competence.

b. No health status contraindications to granting clinical privileges as delineated.

c. Educational and licensure and certification requirements as applicable to the specific allied health specialty. Approved licensing and certification jurisdictions are in reference (e).

(1) Audiology. Master's degree in audiology or Doctor of Audiology (Au.D) degree, state license to practice and Certificate of Clinical Competence (Audiology) from the American Speech-Language-Hearing Association. Individuals enrolled in a clinical fellowship year must possess a master's degree in Audiology or Au.D. and be under the supervision of a credentialed audiologist per the above guidelines.

(2) Clinical Psychology. A doctoral degree in clinical or counseling psychology (or an acceptable equivalent) from an accredited university or professional school, a 1-year clinical internship, and a current state license in psychology.

(3) Pharmacy. Baccalaureate degree in pharmacy or a Pharm.D. degree (from an accredited college or university), and a current state license.

(4) Dietetics. Baccalaureate degree in a program approved or accredited by the American Dietetic Association and certification as a registered dietitian or eligibility for registration at the first available exam date (Registered Dietician [RD]-eligible).

(5) Marriage and Family Therapists. Master's or doctoral degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and

Family Therapy Education (COAMFTE), or a qualifying graduate degree in an allied mental health field from a regionally accredited education institution in conjunction with a program of marriage and family therapy study that is equivalent to the COAMFTE standards, as defined by the American Association of Marriage and Family Therapy (AAMFT), and one of the following:

(a) State license.

(b) State certification.

(c) Clinical membership credentials issued by the AAMFT.

(6) Occupational Therapy. Baccalaureate degree and certification as an occupational therapist. State license optional, although recommended if the individual's home of record or current State, in which duty station is located, requires licensure. Will be required to comply with the following skill at the gaining command: supervision of occupational therapy assistants, volunteers, and students. Will be required to document all occupational therapy services and interventions.

(7) Optometry. Doctor of Optometry degree and a State license. The following criteria must be met to prescribe topical ophthalmic agents (either (a) or (b) in addition to (c)).

(a) Satisfactory completion of a course in general and ocular pharmacology with particular emphasis on application and use of pharmaceutical agents for the purpose of examination, diagnosis, and treatment of conditions of the eye and its adnexa. The course must include a minimum of 100 hours or 6 semester hours of ocular pharmacology and therapeutics, including at least 25 hours of supervised clinical training.

(b) Possession of a State license that authorizes the individual to prescribe ocular therapeutic agents.

(c) For renewal of privileges, the practitioner must obtain 30 hours of continuing education every 3 years in the treatment and management of ocular disease.

(d) Qualified optometrists are authorized to renew prescriptions for patients who are under the periodic care of an ophthalmologist. Therapy must not be altered or discontinued without consultation with the treating ophthalmologist. If it is apparent the patient is not returning for periodic ophthalmology appointments, the optometrist must coordinate a referral back to the treating ophthalmologist.

(8) Physical Therapy. Graduate of a physical therapy program accredited by the Commission on Accreditation in Physical Therapy (CAPT) and a current state license as a physical therapist.

(9) Podiatry. Doctor of Podiatric Medicine degree and a current state license.

(10) Social Work. Master's degree in social work (MSW) from a graduate school of social work accredited by the Council on Social Work Education (CSWE). Must have a minimum of 2 years full-time postmaster's degree supervised clinical social work experience and the highest current state licensure or certification as a clinical social worker to practice independently.

(11) Speech Pathology. Master's degree in Speech Pathology, state license to practice, and Certificate of Clinical Competency (Speech-Language Pathology) from the American Speech Language Hearing Association (ASHA).

(12) Physician Assistant (PA). Successful completion of a training program for PAs recognized by BUMED and certification by the NCCPAs.

5. Criteria for allied health supplemental privileges

a. Criteria for core privileges.

b. Compliance with departmental-specific criteria which have been endorsed by the MTFs/DTFs ECOMS/ECODS, respectively, and approved by the privileging authority.

6. Additional requirements for clinical psychologists. The following must be documented before granting the indicated supplemental privileges:

a. To prescribe and dispense psychotropic medications:

Completion of the American Psychological Association (APA) recommended training in psychopharmacology. Successful passage of the Psychopharmacology Examination for Psychologists from the APAs College of Professional Psychology. This privilege allows the psychologist to prescribe and dispense psychotropic and adjunctive medications.

b. The admission of patients

(1) Clinical psychologists may admit patients to the hospital only if a physician member of the active medical staff conducts or directly supervises the admitting medical history and conducts the physical examination. All patients admitted for care by clinical psychologists shall receive the same basic medical appraisal as patients admitted to other departments or services.

(2) The physician assumes responsibility for the care of the patient's medical problems which are outside the psychologist's scope of practice both at the time of admission and during hospitalization.

(3) Where a dispute exists regarding proposed treatment between a physician member and a clinical psychologist involving medical or surgical factors outside the scope of the psychologist's privileges, the physician member shall prevail. These occurrences shall immediately be referred to the chief of the department or the medical director for consultation.

(4) Patients cannot be discharge without a physician's signature.

c. Neuropsychological assessment:

2-year postdoctoral fellowship in neuropsychology or the equivalent in specialized training and supervised practice. This privilege allows the psychologist to conduct assessments and collaborate with other clinicians in the treatment of patients with known or suspected brain dysfunction.

d. Pediatric psychology privileges:

1-year postdoctoral fellowship in pediatric psychology or the equivalent in specialized training and supervised practice.

7. Additional requirements for occupational therapy. The following are guidelines for granting supplemental privileges to occupational therapists:

a. Extensive postsurgical hand rehabilitation:

(1) A minimum of 1 year work experience in a clinic with major emphasis in complicated postsurgical hand rehabilitation and a minimum of 75 hand cases; or

(2) Level II fieldwork experience in upper extremity rehabilitation, 25 hand cases, and a minimum of two workshops/ conferences with treatment of postsurgical hand injuries/ conditions as major focus.

b. Request of diagnostic radiological studies:

Must be qualified as an Upper Extremity Neuromusculo-skeletal Evaluator (UENMSE) and, if military, be assigned the additional qualifying designator - 6LJ.

c. Modalities acquired beyond basic degree:

1 year of experience with additional in-servicing/ workshops and successful application of these techniques.

d. Custom compression garments:

Additional in-servicing/ workshops and successful assessment, measuring and fitting of custom garments and a minimum of 25 patient cases.

e. Neonatal intensive care:

1 year work experience in a neonatal ICU or a minimum of 50 patient cases in a neonatal ICU.

f. Mobility assessment and management:

1 year experience and additional formal training in evaluation and application of mobility/seating systems and a minimum of 25 successful prescriptions.

g. Authorize light duty chits:

3 years' work experience and an understanding of the policies guiding authorization of light duty chits or, qualify as an UENMSE.

8. Additional requirements for PAs

a. Physician supervision:

The appointed physician supervisor must sign the application for clinical privileges. If the PA is reassigned or has a different physician appointed as primary supervisor, the new supervisor must be provided a list of the PA's current privileges.

b. Physician assistant orthopedic and sports medicine core privileges:

Must have appropriate training and documented competencies in the field of orthopedics and/or sports medicine established in the departmental-specific criteria which have been endorsed by the MTF/DTF ECOMS/ECODS, respectively, and approved by the privileging authority.

c. Supervision requirements:

(1) PAs will have access to a physician at all times for the purpose of advice and supervision. This access may be through electronic media. The orthopedic core privileges must occur under the clinical supervision of an orthopedic surgeon; sports medicine privileges must occur under the clinical supervision of a primary care sports medicine physician or an orthopedic surgeon. These privileges must be granted on an item-by-item basis and the provider must write "yes" or "no" by each core orthopedic/sports medicine privilege.

(2) Each PA must have a physician appointed as primary supervisor. This supervisor must conduct random record reviews for clinical competency at established intervals and document reviews on appropriate quality review records. The PA assigned to an orthopedic department with PA orthopedic privileges, or assigned to a sports medicine department with PA sports medicine privileges, must have no less than 30 medical records reviewed for competency per quarter, and the supervisor must countersign records reviewed. An alternate physician must be appointed in writing to assume the supervisory responsibilities in the absence of the regularly appointed supervisor or in the case of a part time assignment to a specialty clinic.

(3) Consultation with the supervising physician must be obtained and documented when problems, complex cases or complications are encountered. Consultation may include, but is not limited to, discussion of the case with the supervising physician before or in the course of treatment or timely review and discussion following disposition of the case.

9. Core privilege sheets are included in this appendix for the following specialties:

Audiology
Chiropractic
Clinical Psychology
Clinical Social Work
Dietetics
Marriage and Family Therapy
Occupational Therapy
Optometry
Pharmacy
Physical Therapy
Physician Assistant
Physician Assistant Orthopedic
Physician Assistant Sports Medicine
Podiatry
Speech Pathology

DEPARTMENT OF THE NAVY

**AUDIOLOGY - CORE PRIVILEGES**

Evaluation, habilitation, rehabilitation, counseling, appropriate referral and management in all cases of auditory disorders per current ASHA, American National Standards Institute, audiometric technician certification course and other applicable guidelines.

Procedures/case types:

* Basic audiometry
* Pure tone/speech audiometry
* Acoustic emmittance
* Amplification and aural rehabilitation
* Hearing aid candidacy determination, evaluation, selection and fitting
* Earmold fabrication and modification
* Electroacoustical measurement of hearing aid performance
* Counseling and speech reading techniques
* Advanced audiometry
* Audiological site of lesion battery
* Fitness for duty determinations
* Functional hearing loss evaluation or determination
* Auditory evoked response
* Balance system assessment (vestibular testing, electronystagmography [ENG], etc.)
* Hearing conservation program management
* Real ear measurement
* Otoacoustic emissions

**AUDIOLOGY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Neurophysiological intraoperative monitoring
_____ Electrocochleography (ECOG)
_____ Electroneuronography (ENOG)
_____ Cochlear implant evaluation
_____ Cerumen management
_____ Audiometric technician certification course director

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**CHIROPRACTIC – CORE PRIVILEGES**

Performs chiropractic functions and recognized those situations where care requirements are beyond his/her individual competence and seeks consultation and/or referral following the medical staff bylaws. Shall practice according to department, facility, and specialty-specific criteria developed following JCAHO standards.

Chiropractic history and physical examination (excluding vaginal examinations)

Diagnosis and chiropractic management of neuromusculoskeletal conditions including:

* Subluxation/joint dysfunction
* Intervertebral disc disorder (IVD) with myelopathy
* Spondylosis with and without myelopathy
* Neuritis/neuralgia/neuropathy due to displacement IVD
* Cervicocranial syndrome (headache)
* Brachial neuritis or radiculitis
* Vertebral facet syndrome
* Sacro-iliac joint syndrome

Standard plain film radiological examinations appropriate to chiropractic diagnosis including:

* Spine series
* Pelvic series
* Skull series
* Chest (posterior-anterior and lateral views)
* Rib series

Standard laboratory tests appropriate to chiropractic diagnosis including:

* Serum electrolytes
* Urinalysis and urine culture
* Fecal occult blood
* Erythrocyte sedimentation rate
* Complete blood count

DEPARTMENT OF THE NAVY
**CHIROPRACTIC – CORE PRIVILEGES**
(Continued)

Procedures:

* Basic cardiac life support
* Manual, articular manipulative
  (1) Specific contact thrust
  (2) Nonspecific contact thrust
  (3) Manual force, mechanically assisted
  (4) Mechanical force, manually assisted
* Manual, nonarticular manipulative
  (1) Manual reflex and muscle relaxation
* Supportive:
  (1) Rehabilitation exercise
  (2) Nutritional consultation
  (3) Braces and supports
  (4) Electrical
  (5) Mechanical traction
  (6) Moist heat and ice
  (7) Ultrasound

Orders and counseling:

* Recommend assigning active duty patients to quarters up to 72 hours according to MANMED, chapter 1, article 1-11.
* Recommend placing active duty patients on temporary limited duty assignments
* Provide patient counseling and recommendations in activities of daily living, including: hygiene, nutrition, exercise and life style changes and modification of ergonomic factors.

DEPARTMENT OF THE NAVY

**CHIROPRACTIC – SUPPLEMENTAL PROVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**CLINICAL PSYCHOLOGY - CORE PRIVILEGES**

Consultation, differential diagnosis and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders (to include, but not limited to):

* Personality disorders
* Adjustment disorders
* Mood disorders
* Anxiety disorders
* Schizophrenia and other psychotic disorders
* Substance-related disorders
* Delirium, dementia, and amnestic and other cognitive disorders
* Mental disorders due to a general medical condition
* Somatoform disorders
* Factitious disorders
* Dissociative disorders
* Sexual and general identity disorders
* Eating disorders
* Sleep disorders
* Impulse control disorders
* Organic mental disorders
* Psychotic disorders
* Other conditions that may be a focus of clinical attention

Diagnostic and therapeutic procedures:

* Interviewing
* Psychosocial history taking
* Mental status examination
* Major types of psychotherapy including short term, long term, psychodynamic, behavioral, cognitive-behavioral, individual, marital, family, and group.
* Crisis intervention
* Assessment of potential harm to self or others
* Special psychological examinations (e.g., Article 706 examinations, suitability and fitness for duty evaluations, medical boards, psychological examinations related to special security clearances and duty assignments).
* Administration and interpretation of psychological tests including test of ability, aptitude, achievement, interests, personality, cognitive functioning and mental health.

DEPARTMENT OF THE NAVY

**CLINICAL PSYCHOLOGY – SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Pediatric psychology
Qualifications: 1-year postdoctoral fellowship in Pediatric Psychology or the equivalent in specialized training and supervised practice. This privilege allows the psychologist to diagnose, develop treatment plans, consult and treat child and adolescent patients for all disorders defined by the Diagnostic and Statistical Manual of Mental Disorders.

_____ Neuropsychology
Qualifications: 2–year postdoctoral fellowship in Neuropsychology or the equivalent in specialized training and supervised practice. This privilege allows the psychologist to conduct assessments and collaborate with other clinicians in the treatment of patients with known or suspected brain dysfunction.

_____ Prescription Privileges
Qualifications: Completion of the DOD Psychopharmacology Demonstration Project or completion of the American Psychological Association (APA) recommended training in psychopharmacology which includes supervised practice and passing of certifying examination. The supervised practice should be under the direction of qualified practitioners and include the treatment of a minimum of 100 patients from a diverse patient population. This privilege allows the psychologist to prescribe and dispense psychotropic and adjunctive medications.

_____ Admitting Privileges: Allow the psychologist to admit a patient to the hospital for psychological reasons including, but not limited to danger to self or others, psychosis, mania, or severe depression.

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**CLINICAL SOCIAL WORK - CORE PRIVILEGES**

Consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders

* Organic mental disorders
* Psychotic disorders
* Schizophrenia
* Delusional disorders
* Mood disorders
* Anxiety disorders
* Somatoform disorders
* Psychoactive substance use disorders
* Sleep disorders
* Factitious disorders
* Impulse control disorders
* Psychological factors affecting physical condition
* Disorders usually first evident in infancy, childhood, or adolescence that manifest in an adult patient such as, eating disorders and gender-identity disorders
* Conditions not attributable to a mental disorder that are a focus of attention or treatment
* Sexual disorders
* Adjustment disorders
* Personality disorders
* Dissociative disorders
* Post-traumatic stress syndrome

Diagnostic and therapeutic procedures:

* Interviewing
* Major types of psychotherapy including: short term, long term, psychodynamic, family, marital, group, individual and behavioral
  therapy
* Community outreach (e.g., health promotion and command consultation)
* Mental status examination
* Crisis intervention
* Case management
* Medical discharge planning
* Psychosocial history taking

DEPARTMENT OF THE NAVY

**CLINICAL SOCIAL WORK - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

(Continued)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**DIETETICS - CORE PRIVILEGES**

Liaison between physician, nursing care and nutritional services

Nutritional assessment, evaluation, and modification of nutrients to include:

* Interpretation of laboratory data
* Evaluation of diet history, 24-hour recall and food frequency data
* Modifications in fiber, consistency, calories, carbohydrates, fats, proteins and minerals
* Food allergy/intolerance or alternate dietary plan such as, vegetarianism
* Nutritional factors associated with medical and surgical conditions (e.g., obesity, diabetes, cancer, hypertension, malabsorption, infection, cardiac, gastrointestinal, hepatic, metabolic, endocrine, renal, neurologic and pulmonary diseases)
* All life cycle phases (e.g., pregnancy, lactation, infancy, childhood, adolescence, adulthood and old age)
* Disease prevention and palliation (e.g., dental caries, oral health, weight control, risk factor intervention, cancer, abnormalities of nutrient metabolism, drug-nutrient and diet-drug interactions, substance abuse and feeding problems)
* Nutritional factors associated with stress, deficiency, immunologic status and megavitamin supplementation
* Education of patient and family in lifestyle modifications for the above conditions

**DIETETICS - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Assess, plan and develop feeding regimens for nutritional support of trauma and critical care patients to include laboratory data interpretation, nutritional, fluid, and electrolyte requirements of the critically ill and nutritional assessment through anthropometric data

_____ Recommend specific feeding regimens in response to patients' nutritional and medical needs (e.g., parenteral, oral and enteral) and define specifications for those feeding protocols (e.g., total volume, calorie concentration, feeding rate and osmolality)

DEPARTMENT OF THE NAVY

**DIETETICS - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Assess and recommend nutritional care plans for exercise and sports activities to include knowledge of body composition standards and a current methods of dietary supplementation and nutritional, fluid and electrolyte requirements.

_____ Assess, evaluate and construct nutritional care plans and dietetic support for psychiatric eating disorders (e.g., anorexia and bulimia)

_____ Assess, evaluate, and develop nutritional care plans and feeding regimens for burn patients to include metabolic and specific nutrient requirements

_____ Assess, evaluate and recommend nutritional care plans for advanced nutrition intervention in the pediatric patient to include malabsorption, endocrine abnormalities, failure to thrive, congenital abnormalities or inborn errors of metabolism

_____ Assess, evaluate and develop nutritional care plans for the nutritional intervention for the oncology and hematology patient to include drug-nutrient interaction, malabsorption and feeding complications

_____ Order and interpret baseline and follow-up clinical chemistry studies as needed for initiation and continued medical nutrition therapy. Dietitian must follow-up with attending/referring nurse practitioner or physician for all abnormal study results.

_____ Assess and educate mothers on the benefits and techniques of breastfeeding, to include telephone follow-up nutritional assessment of mother, demonstration of proper latching and feeding, duration and time between feeds, assessment of infant's growth and referrals to physicians and nurse practitioners for any complications. The dietitian must successfully attend a 40 hour course approved by the International Lactation Consultant Association.

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**MARRIAGE AND FAMILY THERAPY - CORE PRIVILEGES**

Consultation, differential diagnosis and treatment planning within the context of family systems for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders

* Mood disorders
* Organic mental disorders
* Psychotic disorders
* Schizophrenia
* Delusional disorders
* Anxiety disorders
* Somatoform disorders
* Psychoactive substance use disorders
* Sleep disorders
* Factitious disorders
* Impulse control disorders
* Psychological factors affecting physical condition
* Disorders usually first evident in infancy, childhood, or adolescence that manifest in an adult patient such as, eating disorders and gender identity disorders
* Conditions not attributable to a mental disorder that are a focus of attention or treatment
* Sexual disorders
* Adjustment disorders
* Personality disorders
* Dissociative disorders
* Post-traumatic stress syndrome

Diagnostic and therapeutic procedures:

* Interviewing
* Psychosocial and family history taking
* Mental status evaluation
* Major types of psychotherapy including: short and long term, psychodynamic, family, marital, group, individual and behavioral
* Crisis intervention
* Individual and family case management
* Command and community consultation (e.g., health promotion, prevention services and substance abuse counseling)
* Discharge planning

DEPARTMENT OF THE NAVY

**MARRIAGE AND FAMILY THERAPY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OCCUPATIONAL THERAPY - CORE PRIVILEGES**

Comprehensive occupational therapy evaluation and planning and treatment of all age groups for:

* Impaired range of motion, strength, endurance, coordination, and sensory function
* Fabrication and/or application of basic orthotic or splinting devices
* Compression therapy
* Modalities include: hot moist heat, paraffin, massage and fluid therapy
* Activities of daily living
* Assistive devices or adaptive equipment
* Occupational behavior skills associated with psychosocial dysfunction
* Cognitive impairments such as, perception, concentration, conceptualization, comprehension, and orientation
* Standardized tests
* Pediatric cognitive and physical development screening and assessment
* Pediatric play skills assessment
* Adult leisure and play skills assessment and instruction
* Discharge planning and implementation
* Energy conservation, work simplification and ergonomic considerations
* Collaboration and coordination with referring health care providers and administrators, and with patients, family members or caregivers.

**OCCUPATIONAL THERAPY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Extensive postsurgical hand rehabilitation to include wound care, debridement and complicated dynamic splinting

_____ Appropriate diagnostic radiological studies (must be qualified as an upper extremity neuromusculoskeletal evaluator)

_____ Modalities acquired beyond basic degree, e.g., electrical stimulation, transcutaneous electrical nerve stimulation (TENS), neuromuscular electrical stimulation (NMES), ultrasound, phonophoresis and iontophoresis

DEPARTMENT OF THE NAVY

**OCCUPATIONAL THERAPY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Custom pressure garments including the ability to assess, measure and fit compression garments
_____ Lymphedema management
_____ Advanced pediatrics: School-based therapy (testing/treatment)
_____ Neurodevelopmental training
_____ Neonatal intensive care
_____ Sensory motor integration testing and treatment
_____ Mobility assessment and management (wheelchair prescription and adaptive seating)
_____ Authorization of light duty chits

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**OPTOMETRY - CORE PRIVILEGES**

* Comprehensive evaluation of the eye and its adnexa, diagnosis, and treatment of visual disorders and anomalies to include all age-specific groups
* General and ophthalmic medical history
* Visual acuity evaluation
* Keratometry
* Lensometry
* Measurements, e.g., pupillary distance, near point of convergence, exophthalmos, and accommodation
* Ocular motility evaluations
* Stereopsis and depth perception evaluation
* Evaluation of pupillary reflexes
* Color vision assessment
* Refractions, manifest and cycloplegic
* Evaluation of binocular function
* Prescribing orthoptic techniques for binocular vision disorders
* Low vision evaluation and prescription of low vision devices
* Spectacle prescribing
* Contact lens fitting, prescription, followup care and modifications
* Tonometry, contact and noncontact
* Pupil dilation
* Examination of the eye using slit lamp biomicroscopy and goniolens
* Fundus examination of the peripheral retina using indirect ophthalmoscopy (with scleral depression when necessary) and fundus lenses
* Diagnosis, treatment with topically applied medications, and management of diseases and conditions of the eye and adnexa (excluding the treatment of glaucoma which is covered under supplemental privileges)
* Eye irrigation
* Removal of nonperforating foreign bodies on the cornea or conjunctiva, including the use of topical anesthetic agents when necessary
* Conduct and interpret visual field tests
* Electrophysiological test interpretation

DEPARTMENT OF THE NAVY

**OPTOMETRY - CORE PRIVILEGES**

(Continued)

* Order laboratory tests appropriate to the practice of optometry
* Order imagery and radiological studies appropriate to the practice of optometry
* Fundus photography

**OPTOMETRY - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

_____ Developmental and perceptual vision screening
_____ Tonography
_____ Pachymetry
_____ Potential Acuity Meter measurements
_____ Retinal electrophysiologic studies
_____ Retinal and neurophysiological visual evoked potentials
_____ A and B mode ultrasonography
_____ Interpretation of fluorescein angiography
_____ Punctal dilation and irrigation
_____ Punctal occlusion with collagen implants

Nonsurgical treatment and management of glaucoma under one of the following conditions when the following equipment is readily available:

_____ Threshold visual field instrument, fundus camera, gonioprism; the practitioner must acquire and maintain a therapeutic optometry license in a state that allows the treatment and management of glaucoma; or

_____ The practitioner must have successfully completed advanced training in ocular disease, i.e., a fellowship or residency approved by the Commission on Optometric Education.

DEPARTMENT OF THE NAVY

**OPTOMETRY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

Prescription of the following oral medications appropriate to the practice of optometry:

_____ Antibiotics
_____ Antihistamines or decongestants
_____ Nonsteroidal anti-inflammatory agents
_____ Over-the-counter medications
_____ Steroids (after prior consultation with a physician and appropriate documentation in the medical record)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PHARMACY - CORE PRIVILEGES**

Provide pharmaceutical care services to all age groups to include:

* Interpret physician's orders
* Compound and dispense medicinal products
* Conduct medication education for patients and health care professionals
* Participate with the medical staff in the receipt, control, and dispensing of investigational drugs and ensure their appropriate use
* Evaluate and ensure appropriateness of drug therapy by recognizing untreated indications, improper drug selection, subtherapeutic dosage, failure to receive drugs, overdosage, adverse drug reactions, drug interactions and drug use without indication
* Monitor patient's therapy for desired goals and outcomes and document in progress notes
* Record verbal orders
* Select and individualize the most appropriate treatment regimen
* Perform verbal and written medication information consults
* Interpret and evaluate need for relevant laboratory tests

**PHARMACY - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

Using an MTF-approved protocol, provide complete pharmaceutical care services by initiating therapy per physician's request, altering doses for provision of optimal therapy, terminating therapy to avoid toxicity, initiating therapy to treat acute complications for the following:

_____ Pharmacokinetic monitoring (drugs include, but are not limited to: aminoglycosides, vancomycin, theophylline, antiarrhythmics, anti-convulsants, digoxin, etc.)
_____ Parenteral nutritional support of patients to include metabolic, nutritional, fluid and electrolyte requirements

DEPARTMENT OF THE NAVY

**PHARMACY - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

(Continued)

_____ Patient-controlled analgesia to include appropriate medication, dose, lockout interval, basal rate, and need for acute bolusing based on the pharmacist's assessment of the patient's pain control and potential adverse effects

_____ Anticoagulation therapy

_____ Patient's stability on physician-directed drug therapy. Based on assessment and protocol, if stable, extend current therapy or, if unstable, refer patient to a physician for reevaluation

_____ Assessment for uncomplicated minor symptoms (e.g., cough, cold, allergy, rash, aches, pains, etc.) not requiring evaluation by a physician. Use an approved formulary to initiate therapy to treat symptoms and refer to a physician if required

_____ Antihyperlipidemic therapy

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PHYSICAL THERAPY - CORE PRIVILEGES**

Routine physical therapy evaluations and procedures expected of a graduate of an accredited physical therapy program. Practice within guidelines published by the American Physical Therapy Association. This privileges include:

* Provide physical therapy examination, evaluation, diagnosis, prognosis and intervention services for infants, children, adolescents, adults and older adults with impairments, functional limitation, disabilities or changes in physical function and health status resulting from injury, disease or other causes.
* Serve as a physical therapy clinical consultant for other health care practitioners. Refer patients to other practitioners as appropriate.
* Perform prevention and wellness activities, education, screening and promote positive health behaviors.
* Use appropriate tests and measures to gather information required for patient management.
* Coordinate, communicate and document physical therapy care across all practice settings. This includes administrative documentation of light duty (not to exceed 30 days) and sick list (not to exceed 72 hours).
* Select, apply for modify procedural based on anticipated goals and expected outcomes. These interventions include:

    - Patient education
    - Therapeutic exercise
    - Functional training
    - Manual therapy techniques
    - Prescription, application and fabrication of devices and equipment
    - Airway clearance technique
    - Integumentary repair and protective techniques
    - Electrotherapeutic modalities
    - Physical agents and mechanical modalities

DEPARTMENT OF THE NAVY

**PHYSICAL THERAPY – SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Order appropriate imaging studies
_____ Order diagnostic laboratory studies
_____ Prescribe aspirin, designated non-steroidal anti-inflammatory and muscle relaxant medications
_____ Perform and provide an impression of electroneuromyographic examination
_____ Developmental pediatric evaluation and treatment
_____ Early intervention with high-risk infants in the Neonatal ICU

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PHYSICIAN ASSISTANT - CORE PRIVILEGES**

Triage, establish working diagnoses, administer treatment, ensure case management and provide subsequent evaluations per accepted standards of medical practice in the following disciplines: internal medicine, family practice, surgery, ophthalmology, otolaryngology, dermatology, pediatrics, orthopedics, psychiatry and obstetrics/gynecology.

Orthopedics:
* Bursitis
* Tendonitis
* Sprains
* Strains
* Back and neck pain
* Fractures and dislocations
* Joint trauma diseases
* Injection of musculo-tendonous units
* Aspiration and injection of joints

Pediatrics:
* Well-baby checks > 2 months of age
* Well-child care
* Developmental screening
* School physicals
* Acute and chronic illness > 2 months of age
* Acute and chronic childhood illness

Dermatology:
* Acne
* Fungal and yeast infections
* Veruccae
* Evaluation of nevi
* Dermatitis

DEPARTMENT OF THE NAVY
**PHYSICIAN ASSISTANT - CORE PRIVILEGES**
(Continued)

Dermatology: (Continued)
* Exanthems and enanthems
* Parasitic infestation
* Eczema
* Burns, superficial and partial thickness

Gynecology:
* Routine well-woman care
* Contraception
* Vaginitis
* Dysfunctional uterine bleeding
* Pelvic pain
* Routine breast and pelvic exams
* Pelvic inflammatory disease

Otolaryngology:
* Otitis externa and media
* Labyrinthitis
* Pharyngitis
* Rhinitis
* Cerumenosis
* Sinusitis

Medicine and Family Practice:
* Hypertension
* Pneumonia
* Bronchitis
* Asthma
* Cystitis
* Prostatitis
* Urethritis
* Epididymitis
* Urinary stones
* Arthritis
* Anemia
* Gastrointestinal illness
* Viral/bacterial infections
* Sexually-transmitted diseases

DEPARTMENT OF THE NAVY
**PHYSICIAN ASSISTANT - CORE PRIVILEGES**
(Continued)

Psychology/Counseling:
* Crisis intervention counseling
* Family and marital counseling
* Diagnosis and referral of substance abuse

Ophthalmology:
* Hordeoleum
* Chalazion
* Conjunctivitis
* Corneal foreign body and abrasion

Miscellaneous:
* Evaluation and treatment of patients with temperature-related injuries
* Physical examinations
* Interpretation of pertinent laboratory, electrocardiographic, radiographic, and other diagnostic studies (e.g., audiograms) needed for management of the patient

Procedures:
* Removal of foreign body
* Excision of cyst
* Incision and drainage of abscess
* Suture of simple laceration
* Skin or subcutaneous excisional biopsy
* Evacuation of thrombosed hemorrhoid
* Apply and change dressings and bandages
* Peripheral venipuncture
* Peripheral venous infusion
* Local infiltration anesthesia
* Suture closure, one layer
* Indirect laryngoscopy
* Irrigation of the eye, ear and wounds
* Administration of intradermal, intramuscular and intravenous medications
* Fluorescein staining
* Splinting and stabilizing spine or extremity injuries
* Control of external hemorrhage
* Visual acuity testing

DEPARTMENT OF THE NAVY

**PHYSICIAN ASSISTANT - CORE PRIVILEGES**

(Continued)

Procedures: (Continued)

* Tonometry and tonography
* Color vision testing
* Operation of Armed Forces Vision Tester
* Bladder catheterization
* Anoscopy
* Animal bites treatment
* Casting for the purpose of immobilizing and setting of fractures
* Consultation or referral with appropriate physician, specialty clinic, or other health care resource as needed
* Prescribe medications and therapy regimens as approved by the privileging authority
* Assess and stabilize patients who have emergent life-threatening problems for immediate referral and transfer to the appropriate physician

**PHYSICIAN ASSISTANT - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Occupational and medical surveillance program physical examinations for workers engaged in hazardous occupations per Navy Occupational Health and Safety Program, the Occupational Safety and Health Administration and Navy occupational medicine instructions and directives
_____ Uncomplicated pregnancy management
_____ Well-baby checks < 2 months of age
_____ Acute illness < 2 months of age
_____ Insertion and removal of intrauterine devices and Norplant
_____ Flexible sigmoidoscopy
_____ Colposcopy
_____ Vasectomy
_____ Suture closure, double layer

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PHYSICIAN ASSISTANT ORTHOPEDIC - CORE PRIVILEGES**

The following privileges must occur under the supervision of an orthopedic surgeon:

* Office orthopedic problems to include contusions, strains, sprains and sports injuries relating to the back and neck.
* Non-surgical musculoskeletal disorders, e.g., rheumatic disease, collagen diseases and foot disorders.
* Adult and pediatric rehabilitation.
* Local infiltration with anesthetic and steroids to any joint space, facet, trigger point, tendon sheath or perineural tissue.
* Local hematoma blocks
* Management of chronic pain
* Prescription of over-the-counter orthotics and prosthetics
* Management of simple closed fractures to include closed reduction.

Procedures performed as first assistants to orthopedic surgeons:

* Amputations, major
* Arthrocentesis
* Arthroscopy, diagnostic and surgical
* Arthrodeses
* Arthroplasties
* Arthrotomies
* Bone grafting procedures
* Excision of bursae, calcium deposits
* Excision of herniated nucleus pulposus
* Excision of degenerated intervertebral discs
* Excision of bone tumors
* Fractures and dislocations, open and closed reduction of major injuries, including skeletal traction
* Fusion of spine to include: anterior cervical, posterior cervical, anterior lumbar, posterior lumbar, anterior thoracic, posterior thoracic
* Split and full thickness skin grafts
* Hip nailing
* Laminectomy, lumbar, thoracic and cervical

Department of the Navy
**PHYSICIAN ASSISTANT ORTHOPEDIC - CORE PRIVILEGES**
(Continued)

* Manipulation of deformities and musculoskeletal system
* Osteomy
* Surgical management of osteomyelitis and septic arthritis
* Prosthetic replacement of bones and joints
* Release and/or excision of muscles, tendons, fascia, ligaments and nerves
* Scoliosis and kyphosis, surgical correction with or without instrumentation
* Tendon grafts with or without preliminary tendon prosthesis
* Tendon repair, transfer, lengthening or shortening
* Ligament repair and reconstruction of the hand, knee, ankle, shoulder and elbow
* Nerve repair, transplantation and grafts
* Reimplantation of severed digits using microvascular technique
* Lumbar puncture
* Myelography
* Reconstruction of skeletal defects using synthetic or metal materials
* Bone and muscle transposition to restore function or form of extremities
* Cement privileges
* Flaps, local and distant microvascular free
* Anesthesia, low and regional blocks
* Chemonucleolysis

Other:

* Obtain informed consent and order blood products

Treatment Facility_____ Date Requested: _____

Practitioner Name:_____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PHYSICIAN ASSISTANT SPORTS MEDICINE - CORE PRIVILEGES**

The following privileges must be granted under the clinical supervision of a primary care sports medicine physician or an orthopedic surgeon:

_____ Examination and treatment of the musculoskeletal system including contusions, strains and sprains
_____ Sports medicine and related injuries including:
  _____ Back and neck pain, chronic and acute
  _____ Neuromuscular and demyelinating disease
  _____ Nonsurgical musculoskeletal problems (e.g., rheumatic diseases, collagen diseases, foot disorders)
  _____ Peripheral nervous system disorders and myoneural junction disorders, (e.g., radiculopathies, myasthenia gravis)
_____ Generalized deconditioning
_____ Evaluation and management of chronic pain
_____ Pediatric rehabilitation
_____ Local infiltration of steroids and anesthetic mixtures into joint, facet, subacromial space, trigger point, tendon sheath or perineural tissue
_____ Arthrocentesis
_____ Simple closed fractures with closed reduction not requiring general anesthesia
_____ Local hematoma anesthetic block of fractured bone
_____ Prescription of over-the-counter orthotics, prosthetics and adaptive equipment

<u>Prescription of modalities</u>:
_____ Hydrotherapy (heat and cold)
_____ Cryotherapy
_____ Superficial heating modalities to include:
  _____ Moist hot packs
  _____ Paraffin bath
  _____ Fluidotherapy
  _____ Infrared radiation

DEPARTMENT OF THE NAVY

**PHYSICIAN ASSISTANT SPORTS MEDICINE - CORE PRIVILEGES**

(Continued)

Deep heating modalities to include:

_____ Short-wave diathermy
_____ Ultrasound
_____ Phonophoresis

Electrical stimulation:

_____ TENS (transcutaneous electrical nerve stimulation)
_____ IFC (inferential stimulators)
_____ NMES (neuromuscular electrical stimulator)
_____ HVPS (high-voltage pulsed stimulation)
_____ Lontophoresis

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PODIATRY - CORE PRIVILEGES**

* Medical and surgical treatment of disorders of the foot and ankle with comprehensive and complete podiatric medical examination for consultation, diagnosis, and treatment planning to include all age-specific groups
* Biomechanical examination with fabrication or prescribing of orthotic and shoe appliances or devices, including design of special shoes
* Comprehensive joint and gait analysis as related to the foot and ankle
* Dermatological diseases of the foot and ankle
* Circulatory disorders affecting the foot and ankle
* Neurological disorders affecting the foot and ankle
* Arthritis and other inflammatory diseases affecting the foot and ankle
* Toenail disorders
* Skin and soft tissue tumors and cysts of the foot
* Soft tissue surgery of the foot (including the skin and nails)
* Digital osseous and soft tissue surgery, including the great toe
* Foot and ankle trauma (strains, sprains, contusions)
* Skin and soft tissue biopsy of the foot and ankle
* Treatment of closed extremity dislocations or simple fractures of the foot and ankle
* Diagnostic and therapeutic procedures
* Imaging studies of the foot and ankle
* Interpretation of all appropriate laboratory and diagnostic studies in the practice of podiatric medicine and surgery
* Prescription of treatments by physical medicine and physical therapy
* Admission of podiatric patients to the hospital for treatment or surgery with cosignature by attending physician

DEPARTMENT OF THE NAVY

**PODIATRY - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

Require podiatric surgical residency or documentation of surgical competency

_____ Metatarsal osseous and soft tissue surgery
_____ Midtarsal (cuboid, navicular, cuneiform osseous, and soft tissue) surgery
_____ Tarsal (talus, calcaneus osseous, and soft tissue) surgery
_____ Podiatric soft tissue laser surgery
_____ Ankle joint osseous and soft tissue surgery/complex ankle fractures
_____ Complete and partial amputation of osseous and soft tissues of the foot to the ankle

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**SPEECH-LANGUAGE PATHOLOGY - CORE PRIVILEGES**

Evaluation, remediation, counseling, appropriate referrals and management of all cases involving: articulation/phonology, language, fluency, cognitive-communication, pragmatics and voice disorders per current ASHA and applicable department facility guidelines.

Procedures/Case Types

* Provide, upon physician referral, evaluation, and counseling/treatment programs for basic and more complicated communication disorders including: articulation/phonology, language, fluency, cognitive-communication, pragmatics and resonance/phonation (voice).
* Select, administer, and interpret commonly used diagnostic tests designed for adults and children, to assess disorders of vocabulary/semantics, grammar, articulation/phonology, fluency, cognitive-communication, pragmatics and voice.
* Recommend appropriate referrals to physicians, audiologists, and other health care providers as appropriate.
  Select appropriate vocal and non-vocal communication devices; may include Augmentative and Alternative Communication (AAC) assessments and treatment.

**SPEECH-LANGUAGE PATHOLOGY - - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Design individualized swallowing/feeding programs for patients as appropriate
_____ Supervise graduate level clinicians

Upon physician referral:

_____ Assist in selection process of patients for tracheoesophageal puncture
_____ Fit/insert tracheoesophageal voice prostheses
_____ Select appropriate patients to use a speaking valve or "talking tracheostomy tube"

DEPARTMENT OF THE NAVY

**SPEECH-LANGUAGE PATHOLOGY - - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**
(Continued)

_____ Place a speaking valve for tracheotomy/vent patients in coordination with appropriate medical staff such as pulmonary, respiratory therapy and ENT
_____ Provide Modified Barium Swallow (MBS) study in consultation with radiology
_____ Provide Fiberoptic Endoscopic Evaluation of Swallow (FEES).
  _____ In cooperation with an appropriately trained physician
  _____ Independently with appropriate medical staff support
_____ Provide (in cooperation with otolaryngology) video endoscopy and laryngeal stroboscopy to evaluate and treat phonatory (voice) disorders
_____ Perform rigid (oral) endoscopy independently for treatment and documentation purposes
_____ Provide (in cooperation with otolaryngology) video nasoendoscopy to evaluate and treat velopharyngeal disorders
_____ Provide orofacial myofunctional assessment and treatment
_____ Consult on fitness for duty evaluations

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

# APPENDIX H

## CLINICAL PRIVILEGE SHEETS FOR ADVANCED PRACTICE NURSES

1. Advanced Practice Nurses are defined as credentialed health care practitioners granted privileges within the scope of their practice. The three advanced practice specialties recognized by Navy Medicine are nurse anesthetist, nurse-midwife and nurse practitioner with a focus on family practice, pediatrics or women's health.

2. The clinical privilege sheets contained in this appendix are arranged by clinical specialty. These sheets are used in the application and granting of professional staff appointments to delineate the specific scope of care, i.e., clinical privileges. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

a. Core privileges

(1) Constitute a single entity. This is not a list from which applicants may choose the privileges they wish to request.

(2) Describe the baseline scope of care for fully-qualified DON practitioners in each of the identified specialty areas.

(3) Are standardized and must not be modified by MTFs/DTFs. Forward suggested modifications to core privileges to M3M (Medical Operations Support) via the appropriate specialty advisor.

b. Supplemental privileges

(1) Are delineated on an item-by-item basis. Provider must write yes or no beside the supplemental privilege, on the privilege sheet. The area labeled "other" is used to delineate privileges not contained within the core privileges or specifically listed in the supplemental category for that specialty.

(2) May be customized by MTFs/DTFs by adding, deleting or modifying items to make them specific to their facility. This action does not require BUMED approval.

3. Practitioners must use only those privilege sheets appropriate for their clinical specialty.

4. Health care practitioners are not required to be privileged to provide emergency care. All personnel are expected and authorized to render care necessary to save the life or protect the welfare of a patient in an emergency situation to the degree permitted by their licensure, training, applicable laws and Navy regulations.

5. Advanced practice nurses may prescribe all medicines (including Schedule II through V), durable medical goods and other equipment and supplies required within their scope of practice.

6. Criteria for advanced practice nurses core privileges:

a. Education:

(1) Graduation from a master's or doctoral degree program which prepares an individual in nurse anesthesia, nurse-midwifery or as a nurse practitioner and is approved by an organization authorized by the Department of Education to accredit schools of nursing.

(2) Graduation from a clinical master’s degree program in nursing and satisfactory completion of a formal post-graduate certificate program in the desired specialty granting graduate level academic credit. These programs are most commonly referred to as post-master’s certificate programs.

(3) Nurses who graduated from an approved practitioner certificate program or received a graduate degree in a nursing or related specialty and currently hold privileges in these advanced practice specialties are considered to have met the educational requirement.

(4) Nurses with educational preparation as described in paragraph 6a(3) and currently hold privileges and/or actively practice in these advanced practice specialties outside Navy Medicine will be evaluated on a case-by-case basis using the following criteria:

(a) Evidence of significant work experience in selected specialty area.

(b) Evidence of competence and performance excellence as noted in recent performance recommendation from employer reflects.

(c) Evidence of continuous training in specialty area.

(d) Recommendation from relevant specialty leader.

(5) As educational systems evolve, some universities are not granting degrees specifically titled "nursing." Where these programs are not so titled, the relevant specialty leader will review and evaluate course content.

b. Certification. Must obtain and maintain certification by the relevant certification body for the given advanced practice nursing specialty. National certification must be obtained within 12 months of graduation from an approved program. In certain unusual circumstances, a waiver of this 12-month requirement will be considered and must be obtained from the relevant specialty leader. Approved certification jurisdictions are in reference (e).

c. Possession of a current, valid and unrestricted license as a registered professional nurse, per reference (e).

d. Current clinical competence.

e. No health status contraindications to granting clinical privileges as delineated.

7. Criteria for Osteopathic Manipulative Medicine (0MM)

a. Definitions:

(1) Osteopathic Medicine (OM). A complete system of medical care with a philosophy that combines the needs of the patient with current practice of medicine, surgery, and obstetrics, and emphasizes the interrelationships between structure and function, and an appreciation of the body’s ability to heal itself.

(2) Osteopathic Physician - Doctor of Osteopathy (DO). A person with full, unlimited medical practice rights who has achieved the nationally recognized academic and professional

standards within their country to practice diagnosis and treatment based upon the principles of osteopathic philosophy. Individual countries establish the national academic and professional standards for osteopathic physicians practicing within their countries.

(3) Osteopathic Manipulative Medicine (0MM). The application of osteopathic philosophy, structural diagnosis, and use of osteopathic manipulative treatment in the diagnosis and management of the patient.

(4) Osteopathic Manipulative Treatment/Therapy (OMT). The therapeutic application of manually guided forces by an Osteopathic Physician to improve physiologic function and/or support homeostasis that have been altered by somatic dysfunction. OMT employs a variety of techniques.

b. Osteopathic physicians are qualified to independently prescribe and use 0MM after successfully graduating medical school, internship, and obtaining licensure in a State, territory, or district.

c. Indications for the use of 0MM are those which informed DO physicians believe would benefit the patient. OHM is indicated in the following, but is not limited to: somatic dysfunction, neck pain, low back pain, chronic pain syndromes, ligamentous strain, postural imbalance, muscular spasm, osseous reduction, and other conditions where the patient would be expected to benefit from short or long term use of 0MM.

d. Consultation requirements for the use of 0MM should include evidence of a previously considered differential diagnosis and appropriate supportive workup.

e. 0MM will be included in the peer review process to assess appropriate clinical judgment, clinical decision-making, and proficiency in the use 0MM procedures.

f. While not identified specifically in each core privilege list, DO physicians by virtue of their DO degree, and unique training, are authorized to perform 0MM, and need not request it as a core or supplemental privilege.

g. Allopathic physicians must practice under a Plan of Supervision (P0S), supervised by a DO, to request 0MM as a supplemental privilege.

8. Criteria for advanced practice nurses (APN) supplemental privileges:

a. Criteria for core privileges.

b. Compliance with specialty-specific criteria, which have been endorsed by the ECOMS and approved by the privileging authority.

c. Demonstrated experience and competence in techniques requiring special skills. Certification necessary in certain identified procedures.

9. Core privilege sheets are included in this appendix for the following APN specialties:

Certified Nurse Anesthetist
Certified Nurse Midwife
Family Nurse Practitioner
Pediatric Nurse Practitioner
Women's Health Nurse Practitioner

DEPARTMENT OF THE NAVY

**CERTIFIED NURSE ANESTHETIST - CORE PRIVILEGES**

The nurse anesthetist is a licensed independent practitioner responsible for the anesthetic management of patients in all age groups rendered unconscious or insensitive to pain and emotional stress during surgical, obstetrical, dental and certain medical procedures, including preoperative, intraoperative, and postoperative monitoring, evaluation and treatment:

* Management of fluid, electrolyte, and metabolic parameters
* Resuscitation
* Management of malignant hyperthermia
* Manipulation of cardiovascular parameters
* Manipulation of body temperature
* Intravenous conscious sedation and analgesia
* Treatment of hypovolemia from any cause
* Management of respiratory parameters
* Treatment of unconscious patients
* Initiation and management of patient-controlled analgesia, intrathecal and epidural

Procedures:

* Local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks, intravenous blocks, spinal, epidural and major plexus blocks
* General anesthesia, including invasive monitoring, respiratory therapy airway management to include emergency cricothyroidotomy
* Release of patients from the care of the anesthesia service
* Provision of anesthesia-related consultative services for other health care providers when requested

DEPARTMENT OF THE NAVY

**NURSE ANESTHETIST - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____ Anesthesia for cardiac operations with cardiopulmonary bypass
_____ Anesthesia for elective procedures on neonates who are physical status III or higher
_____ Diagnostic and therapeutic blocks, excluding permanent nerve blocks for acute pain, upon request of a physician

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**CERTIFIED NURSE MIDWIFE - CORE PRIVILEGES**

Assessment and management of health care of women throughout their life cycles focusing on the childbearing process, inclusive of:

* Health, psychosocial, and OB/GYN history and physical examination
* Prenatal care of the uncomplicated obstetric patient
* Consultation with other specialists, clinics or health resources as indicated
* Management of complicated pregnancy collaboratively with an obstetrician/gynecologist
* Ordering of routine screening laboratory tests and radiographic procedures
* Prescription of contraceptive agents not including subcutaneous implanted progestin devices and cervical caps
* Assessment and treatment of OB/GYN patients with acute episodic illness and consultation with appropriate medical officer when needed
* Development of health promotion and maintenance plans, including disease prevention and health education and counseling
* Provision of periodic health screening
* Assessment and treatment of patients with minor gynecological problems and sexually-transmitted diseases
* Treatment of male partners of OB/GYN patients with sexually transmitted diseases
* Evaluation of fetal well-being by electronic monitoring and interpretation of stress and non stress tests
* Diagnosis of labor, performance of admission history and physical examination
* Admission and discharge privileges to OB/GYN service
* Management of labor inclusive of routine inpatient orders, amniotomy, external and internal monitoring, initiation of induction/augmentation agents and analgesia using intramuscular and intravenous narcotics and potentiators
* Management of vertex delivery inclusive of local, pudendal, and paracervical block anesthesia, performance and repair of episiotomy

DEPARTMENT OF THE NAVY

**CERTIFIED NURSE MIDWIFE - CORE PRIVILEGES**

(Continued)

* Assessment and management of uncomplicated postpartum patients
* Care of newborn including airway management, resuscitation endotracheal intubation, assignment of Apgar scores and initial examination in the delivery room

**CERTIFIED NURSE MIDWIFE - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**

_____ Application of outlet forceps to deliver infant
_____ Application of vacuum extractor to deliver infant
_____ Manual removal of placenta
_____ Uterine exploration
_____ Repair of third degree lacerations
_____ Repair of fourth degree lacerations
_____ Repair of cervical lacerations
_____ Genetic counseling
_____ Ultrasonography, level I
_____ Endometrial biopsy
_____ Colposcopy, cervical and endocervical biopsy and cryotherapy
_____ Assistance to obstetrician/gynecologist during operative procedures
_____ Large loop electrical excision procedures (LEEP)
_____ Vulvar and vaginal biopsy
_____ Insertion and removal of subcutaneous progestin implants
_____ Fitting of cervical cap

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**FAMILY NURSE PRACTITIONER - CORE PRIVILEGES**

Comprehensive assessment, examination, diagnosis, treatment and consultation of all age groups to include:

* Triage of patients with life-threatening conditions
* Counseling patients with common marital or family problems
* Immunizations for adults and children
* Minor acute episodic illnesses in adults
* Well baby examinations
* Counseling of patients with minor psychosexual problems
* Management of uncomplicated pregnancies
* Contraceptive counseling
* Minor acute episodic illnesses in obstetrical patients
* Minor gynecological conditions and sexually-transmitted diseases
* Postpartum care of uncomplicated patients
* Counseling of patients with psychosocial problems associated with pregnancy and delivery
* Gynecological cancer-screening care to include PAP smear and breast examination
* Physical, developmental and psychosocial status of the infant, preschool, school aged and adolescent child including initiation of appropriate screening tests
* Minor acute episodic illnesses in children
* Chronic or long-term illnesses in adults
* Ordering laboratory studies, electrocardiograms and radiographic procedures
* Consultation or referral to appropriate physicians, clinics, or other health resources as indicated

**FAMILY NURSE PRACTITIONER - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____Incision and drainage of thrombosed hemorrhoids, cysts and minor abscesses

_____Administration of local anesthesia for wound infiltration and suturing of minor lacerations not involving nerves, tendons or vessels

DEPARTMENT OF THE NAVY

**FAMILY NURSE PRACTITIONER - SUPPLEMENTAL PRIVILEGES**

**Write "Yes" or "No" by each supplemental privilege**

(Continued)

_____Removal of minor dermatological growths
_____Removal of toenails or fingernails
_____Insertion of intrauterine device and subcutaneous progestin implants
_____Endometrial biopsies
_____Colposcopy
_____Occupational and medical surveillance program physical examinations for workers engaged in hazardous occupations per Navy Occupational Safety and Health, Occupational Safety and Health Administration, and Navy occupational medicine instructions and directives

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**PEDIATRIC NURSE PRACTITIONER - CORE PRIVILEGES**

Comprehensive assessment, examination, diagnosis, treatment and consultation of the infant, preschool, school age and adolescent child including:

* Physical, developmental and psychosocial status, including initiation of appropriate screening tests for vision, hearing, speech and developmental levels
* Consultations or referrals to appropriate specialty areas, including physicians, allied health professionals, developmental programs and other health resources
* Ordering of laboratory studies, electrocardiograms and radiographic studies
* Immunizations
* Development of health promotion and comprehensive health maintenance plans to include disease prevention, safety issues, health screening and developmental issues
* Management of acute, non life-threatening conditions
* Identification of high-risk families for abuse and neglect using appropriate federal and local support agencies. Guidance and counseling to high-risk families
* Management of chronic illnesses
* Counseling of families and individuals identified with developmental disabilities, emotional problems, adjustment disorders and other conditions
* Referral to federal, state and local community and educational resources as appropriate

**PEDIATRIC NURSE PRACTITIONER - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Assessment and treatment of patients with minor gynecological problems and sexually-transmitted diseases
_____ Performance of PAP smears
_____ Contraceptive counseling for adolescents to include the prescribing of contraceptives

DEPARTMENT OF THE NAVY

**PEDIATRIC NURSE PRACTITIONER - SUPPLEMENTAL PRIVILEGES**
**Write "Yes" or "No" by each supplemental privilege**
(Continued)

_____ Management of minor trauma and orthopedic injuries
_____ Inpatient management of non high-risk newborns
_____ Administration of local anesthesia for wound infiltration and suturing of minor lacerations not involving nerves, tendons or blood vessels

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

DEPARTMENT OF THE NAVY

**WOMEN'S HEALTH NURSE PRACTITIONER**
**(OB/GYN NURSE PRACTITIONER) - CORE PRIVILEGES**

Assessment and management of health care of women throughout the life cycle inclusive of:

* Health, psychosocial, OB/GYN history and physical examination
* Prenatal care of the uncomplicated obstetric patient
* Consultation with other specialists, clinics or health resources as indicated
* Ordering of routine screening laboratory tests and radiographic procedures
* Prescription of contraceptive agents excluding subcutaneous implanted progestin devices and cervical caps
* Assessment and treatment of patients with acute episodic illness and consultation with appropriate medical officer when needed
* Development of health promotion and maintenance plans, including disease prevention, health education and counseling
* Provision of periodic health screening
* Assessment and treatment of patients with minor gynecological problems and sexually-transmitted diseases
* Treatment of male partners of OB/GYN patients treated for sexually-transmitted diseases

**WOMEN'S HEALTH NURSE PRACTITIONER - SUPPLEMENTAL PRIVILEGES**
**Write “Yes” or “No” by each supplemental privilege**

_____ Insertion and removal of subcutaneous progestin implants
_____ Fitting of cervical cap
_____ Colposcopy, cervical and endocervical biopsy, cryosurgery
_____ Endometrial biopsy
_____ Vulvar and vaginal biopsy
_____ LEEP procedures
_____ Genetic counseling
_____ Ultrasonography level I
_____ Assistance to obstetrician/gynecologist during operative procedures

DEPARTMENT OF THE NAVY

**WOMEN'S HEALTH NURSE PRACTITIONER - SUPPLEMENTAL PRIVILEGES**

**Write “Yes” or “No” by each supplemental privilege**

(Continued)

Other:

Treatment Facility: _____ Date Requested: _____

Practitioner Name: _____ Date Approved: _____

# APPENDIX I

## PRIVACY ACT STATEMENT INDIVIDUAL CREDENTIALS FILE (ICF)/INDIVIDUAL PROFESSIONAL FILE (IPF)

1. Authority. The authority for collection of information including SSN is found in Section 301, Title 5, United States Code.

2. Principal purpose for which information is intended to be used. This form provides the advice required by the Privacy Act of 1974. The personal information will facilitate and document your credentials. The SSN of the member is required to identify and retrieve credentials and professional files.

3. Routine uses. The primary use of this information is to provide, plan and coordinate members credentials and privileging information. This will aid the privileging authority to review the member's academic qualifications, make a determination on the member's clinical competence, and grant appropriate privileges requested.

4. State whether the disclosure is mandatory or voluntary and the effect on the individual of not providing information.

a. For all personnel, the requested information is mandatory because of the need to document all credentials, privileging, and quality assurance (quality management) data.

b. If the requested information is not furnished, establishment of eligibility for appointment to the medical staff and granting of privileges will not be possible.

c. This all-inclusive privacy act statement applies to all requests for personal information made by personnel for credentials verification purposes and shall become a permanent part of the member's ICF or IPF.

d. By signing this form, the individual acknowledges that he or she has been advised of the foregoing. If requested, a copy of this form will be furnished to the member.

Member signature: _____

Member SSN: _____

Date: _____

# APPENDIX J

## PERSONAL AND PROFESSIONAL INFORMATION SHEET
## PRIVILEGED PROVIDER

Complete all items and sections. List all dates as day-month-year. Use "NA" if not applicable. "Yes" answers require full explanation in the comments section or on an attached sheet of paper. Indicate the section number and subsection for those items being commented upon in attachments.

Name of Command:_____

1. General

Last Name, First, MI: _____
Alias (Last, First, MI): _____
Grade: _____ Desig: _____ SSN: _____
Date of Birth: _____ Branch of Service:_____
Citizenship (Country): _____Reporting Date:_____
PRD: _____
Specialty(ies): _____
Office Telephone Number: (_____) _____-_____
Office Fax Number: (_____) _____-_____
Office E-mail Address: _____
Office Address: _____
Local Address: _____
Home Telephone Number: (_____) _____-_____

2. Professional Education and Training (most recent first)

a. Basic Qualifying Degree (e.g., MD, DO, MSW, or PhD)

| Institution | Address | Credential | From | To |
|---|---|---|---|---|
| | | | | |
| | | | | |

b. Internship (INT), Residency (RES), and Fellowship (FEL).

| Institution | Address | Type | From | To |
|---|---|---|---|---|
| | | | | |
| | | | | |

3. Qualifying Certifications and Specialty Boards. Certification or recertification, issue and expiration dates. _____

_____

_____

4. List all Licenses or Certificates by State or Federal Agency. Include all those that have been either voluntarily or involuntarily withdrawn.

a. License Information

| License Number | State | Type | Expires |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

b. Drug Enforcement Agency (DEA) Numbers

| DEA Number | Expires | DEA Number | Expires |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

5. All Professional Assignments, Military and Civilian

_____

_____

_____

_____

_____

_____

6. Academic Appointments

| Institution | Full Address | Position | From | To |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. Professional Affiliations

| Organization | Full Address | Office | From | To |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Continuing Education Credits for Past 2 Years. (For initial appointment only. Use practitioner's training file for renewal.)

a. Academic

| Institution | Course Title/Subject | Credit Hours | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

b. Contingency Training (indicate certified [C] or trained [T]).

| Training | C/T | Expiration | Training | C/T | Expiration |
|---|---|---|---|---|---|
| BLS | | | ACLS | | |
| ATLS | | | CTTC** | | |
| C-4* | | | NALS | | |
| PALS | | | | | |

* C-4 (Combat Casualty Care Course)
** CTTC

9. Health Status and History. (Answer "yes" or "no." Explain all "yes" answers in comments section.)

___a. Do you currently have any physical or mental impairments that could limit your clinical practice?

___b. Are you currently taking any medications?

___c. Do you have a potentially communicable disease?

____ d. Have you been hospitalized for any reason during the last 5 years?

____ e. Have you ever been hospitalized for or diagnosed with a major psychiatric disorder?

____ f. Are you currently under or have you ever received treatment for an alcohol or drug-related condition?

____ g. Have you ever been involved in the illegal use of controlled substances?

Comments: _____
_____
_____
_____
_____

10. Malpractice, Licensure, Privileging Action and Legal History. (Answer "yes" or "no." Explain all "yes" answers in comments section.)

____ a. Have you ever been denied staff appointment or had your privileges suspended, limited, revoked or renewal denied?

____ b. Have you ever been the subject of a malpractice claim? (Indicate final disposition or current status of claim in comments.)

____ c. Have you ever been a defendant in a felony or misdemeanor case? (Indicate final disposition of case in comments.)

____ d. Have you ever voluntarily or involuntarily withdrawn, reduced, terminated, lost or been denied your staff appointment?

____e. Have you ever voluntarily or involuntarily withdrawn, reduced, terminated, lost or been denied your clinical privileges?

____ f. Has there been previously successful or currently pending challenges, investigations, revocation, or restriction to any licensure, certification, or registration (state, district or DEA)

to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification, or registration?

Comments: _____

_____

_____

_____

_____

11. Moonlighting Information. (Specify other facilities where you currently hold clinical privileges.)

| Institution | Full Address | Department | Priv Spec |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

12. Other Information. (Include any additional information that you wish to bring to the attention of the privileging authority.) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

(Signature) (Date)

PERSONAL AND PROFESSIONAL INFORMATION SHEET
NONPRIVILEGED PROVIDER

Complete all items and sections. List all dates as day-month-year. Use "NA" if not applicable. "Yes" answers require full explanation in the comments section or on an attached sheet of paper. Indicate the section number and subsection for those items being commented upon in attachments.

Name of Command:_____

1. General

Last Name, First, MI: _____
Alias (Last, First, MI): _____
Grade: _____ Desig: _____ SSN: _____
Date of Birth: _____ Branch of Service:_____
Citizenship (Country): _____Reporting Date:_____
PRD: _____
Specialty(ies): _____
Office Telephone Number: (_____) _____-_____
Office Fax Number: (_____) _____-_____
Office E-mail Address: _____
Office Address: _____
Local Address:_____
Home Telephone Number: (_____) _____-_____

2. Professional Education and Training (most recent first)

a. Basic Qualifying Credential (e.g., BS, MS, PhD)

| Institution | Address | Credential | From | To |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

b. Special Education. (Include professional course of 2 weeks duration or greater, Navy Leadership Training or other relevant programs that pertain to practice.)

| Institution | Address | Specialty | Type | From | To |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

3. Specialty Certifications

| Certification | Number | Agency | Issue Date | Expires |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. List all Licenses or Certificates by State or Federal Agency. Include all those that have been either voluntarily or involuntarily withdrawn (include DEA certification).

a. License Information

| License Number | State | Type | Expires |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

5. Relative Work Experience. (List chronologically, most recent first.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

6. Membership in Professional Organizations

| Organization | Full Address | Office | From | To |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. Continuing Education Credits for the Past 2 Years. (For initial appointment only. Use practitioner's training file for renewal.)

a. Academic

| Institution | Course Title/Subject | Credit Hours | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

b. Contingency Training (indicate certified [C] or trained [T]).

| Training | C/T | Expiration | Training | C/T | Expiration |
|---|---|---|---|---|---|
| BLS | | | ACLS | | |
| ATLS | | | CTTC | | |
| C-4 | | | NALS | | |
| PALS | | | | | |

8. Personal Awards and Letters of Recognition. (List chronologically, most recent first.)

| Award/Recognition | Month/Year Awarded |
|---|---|
| | |
| | |
| | |
| | |
| | |

9. Publications. (List chronologically, most recent first.)

| Title/Publication | Publication Date |
|---|---|
| | |
| | |
| | |
| | |
| | |

10. Health Status and History (Answer "yes" or "no." Explain all "yes" answers in comments section).

____ a. Do you currently have any physical or mental impairments that could limit your clinical practice?

____ b. Are you currently taking any medications?

____ c. Do you have a potentially-communicable disease?

____ d. Have you been hospitalized for any reason during the last 5 years?

____ e. Have you ever been hospitalized for or diagnosed with a major psychiatric disorder?

____ f. Are you currently under or have you ever received treatment for an alcohol or drug-related condition?

____ g. Have you ever been involved in the illegal use of controlled of controlled substances?

Comments: _____
_____
_____
_____
_____

11. Malpractice, Licensure, Reduction in Clinical Scope and Legal History. (Answer "yes" or "no." Explain all "yes" answers in comments section.)

____ a. Have you ever been the subject of a malpractice claim? (Indicate final disposition or current status of claim in comments.)

____ b. Have you ever been a defendant in a felony or misdemeanor case? (Indicate final disposition of case in comments.)

____c. Has there been previously successful or currently pending challenges, investigations, revocation, denial, withdrawal, or restriction to any licensure, certification, or registration (state, district, or DEA) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification, or registration?

Comments: _____
_____
_____
_____
_____

12. Moonlighting Information. (Specify other facilities where you currently work.)

| Institution | Full Address | Department | Priv Spec |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

13. Other Information. (Include any additional information that you wish to bring to the attention of the privileging authority.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
(Signature) (Date)

# APPENDIX K

## SAMPLE APPLICATION FOR PROFESSIONAL STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

(Date)

From: (Name of practitioner)
To: (Privileging authority)
Via: (1) Professional Affairs Coordinator
(2) Appropriate chain of command

Subj: STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Encl: (1) Clinical privilege sheet
(2) Individual Credentials File (ICF) or Appendix N if ICF is not available

1. Request (see end note; check the applicable paragraph):

____a. Initial staff appointment with clinical privileges as reflected in enclosure (1).

____b. Active staff appointment with clinical privileges as reflected in enclosure (1).

____c. Renewal of active staff appointment with clinical privileges, _____ with ____without changes from current privileges, as reflected in enclosure (1).

____d. Affiliate staff appointment with clinical privileges as reflected in enclosure (1).

____e. Modification of clinical privileges as reflected in enclosure (1) to include:_____

____f. Active staff appointment with clinical privileges as reflected in enclosure (1), based on the active staff appointment with core and supplemental clinical privileges granted at my previous command.

____g. Active staff appointment with clinical privileges, as reflected in enclosure (1), based on the successful completion of my Navy full-time inservice.

_____ Internship
_____ Residency
_____ Fellowship

2. Enclosure (2) provides information in support of this application.

3. I certify that (check applicable paragraphs):

____a. I possess the credentials and current clinical competence to justify the granting of the staff appointment with clinical privileges as requested.

____b. I have been provided a copy or access to and have been provided the opportunity to read, and agree to comply with, the facility professional staff policies, procedures and bylaws.

____c. I have been provided access to and agree to comply with the applicable credentials and privileging directives.

____d. I have no current mental or physical impairment that could limits my clinical abilities.

____e. I will notify the privileging authority and my commanding officer, if different from the privileging authority, of any change in my mental or physical condition that could limit my clinical ability or performance.

____f. I pledge to provide for the continuous care of my patients.

____g. To my knowledge, I am not currently under investigation involving substandard clinical practice, malpractice or personal misconduct.

4. I authorize (MTF/DTF, or operational site name), its professional staff, and legal representatives, for the purpose of evaluating my professional competence, character and ethical conduct, and to contact and consult with:

____a. Administrators and members of the professional staff of any other MTF/DTF, institution, or practice with which I have been associated.

____b. Current or past malpractice carriers.

____c. My professional colleagues.

5. I consent to the inspection by (MTF/DTF name), its professional staff, and lawful representatives of all records and documents, including health records at other MTFs/DTFs that may be material to evaluation of my professional qualifications for staff membership and clinical privileges.

6. I release from liability all individuals or organizations who respond honestly and in good faith to inquiries authorized in paragraphs 4 and 5.

_____ _____

(Signature) (Date)

Note: Privilege sheets previously approved may be reused when applying for subsequent staff appointments and reappointments if there are no changes in the privileges requested. In such cases, another set of "date requested" and "date approved" blocks must be added to each privilege sheet and completed.

Confirmation of applicant’s statement attesting to the ability to perform privileges requested.

_____

Signature

_____

Title

_____

Date

# APPENDIX K

## SAMPLE APPLICATION FOR TEMPORARY PRIVILEGES WITH____ OR WITHOUT____TEMPORARY MEDICAL STAFF APPOINTMENT

(Date)

From: (Name of practitioner)
To: (Privileging authority)
Via: (1) Professional Affairs Coordinator
(2) Appropriate chain of command

Subj: TEMPORARY PRIVILEGES WITH____ OR WITHOUT____TEMPORARY APPOINTMENT

Encl: (1) Clinical privilege sheet or itemized list

1. I am requesting temporary privileges with____ or without____ temporary medical staff appointment.

2. I understand the temporary privileges with or without temporary medical staff appointment expire 30 days from date of approval.

_____ _____
(Signature) (Date)

_____ Recommended _____ Approved
_____ Not recommended _____ Disapproved
_____ See comments below* _____ See comments below*

_____ _____

ENDORSEMENT PAGE
INITIAL APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____'s (*applicant's name*) verified licensure, education and training, ability to perform, current competence as documented in enclosure (2), an interview with a applicant, and compliance with the _____ (department and command's name) appointment and privilege criteria, an initial staff appointment with clinical privileges, as requested, is granted with the expiration date of _____ (not to exceed 1 year from date of approval). Your assigned proctor for this initial appointment is _____.

List each specialty core privilege set requested:

List each supplemental privilege requested (use back of page if necessary)

_____ _____ _____

_____ _____ _____

| | |
|---|---|
| _____ Recommended | _____ Approved |
| _____ Not recommended | _____ Disapproved |
| _____ See comments below* | _____ See comments below* |

| | |
|---|---|
| _____ | _____ |
| Department Head Signature | Privileging Authority Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE
ACTIVE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____ (*applicant's name*) verified licensure, education and training, ability to perform, demonstrated current competence in requested privileges as reflected on the attached PAR (Appendix A), and fulfillment of the _____(department and command's name) appointment and privilege criteria, an active staff appointment with clinical privileges, as requested, is granted with an expiration date of _____ (not to exceed 2 years from date of approval).

List each specialty core privilege set requested:

List each supplemental privilege requested (use back of page if necessary)

_____ _____ _____

_____ _____ _____

| | |
|---|---|
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Department Head Signature | Chair, Credentials Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Directorate Signature | Chair, ECOMS/ECODS Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |

_____ Approved

_____ Disapproved

_____ See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name/Date

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE
ACTIVE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES BASED ON CLINICAL PRIVILEGES HELD AT PREVIOUS COMMAND

Based on consideration of _____(*applicant's name*) verified licensure, education and training, ability to perform, demonstrated current competence at the previous treatment facility as documented in enclosure (2), and fulfillment of the _____ (department and command's name) appointment and privilege criteria, an active staff appointment with clinical privileges, as requested, is granted with an expiration date of _____ (not to exceed 2 years from date of approval).

List each specialty core privilege set requested:

List each supplemental privilege requested (use back of page if necessary)

_____ _____ _____

_____ _____ _____

_____ _____
Department Head Signature Privileging Authority Signature

_____ _____
Typed or Printed Name/Date Typed or Printed Name/Date

_____ Recommended _____ Approved
_____ Not recommended _____ Disapproved
_____ See comments below* _____ See comments below*

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE
AFFILIATE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____ (*applicant's name*) verified licensure, education and training, ability to perform, current competence as documented in enclosure (2), and fulfillment of the _____ (department and command's name) appointment and privilege criteria, an affiliate staff appointment with clinical privileges, as requested, is granted with the expiration date of _____ (not to exceed 2 years from date of approval).

List each specialty core privilege set requested:

List each supplemental privilege requested (use back of page if necessary)

_____ _____ _____

_____ _____ _____

| | |
|---|---|
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Department Head Signature | Chair, Credentials Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Directorate Signature | Chair, ECOMS/ECODS Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |

_____ Approved

_____ Disapproved

_____ See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name/Date

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE
RENEWAL OF ACTIVE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES

Based on consideration of _____ (*applicant's name*) verified licensure, education and training, ability to perform, demonstrated current competence in requested privileges as reflected on the attached PAR (Appendix A), and fulfillment of the _____ (department and command's name) appointment and privilege criteria, renewal of the applicant's active staff appointment with clinical privileges, as requested, is granted with an expiration date of _____ (not to exceed 2 years from date of approval).

List each specialty core privilege set requested:

List each supplemental privilege requested (use back of page if necessary)

_____ _____ _____

_____ _____ _____

| | |
|---|---|
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Department Head Signature | Chair, Credentials Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Directorate Signature | Chair, ECOMS/ECODS Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |

_____ Approved

_____ Disapproved

_____ See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name/Date

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE
MODIFICATION OF CLINICAL PRIVILEGES

Based on consideration of _____ (*applicant's name*) verified licensure, education and training, ability to perform, demonstrated current competence, and fulfillment of the _____ (department and command's name) appointment and privilege criteria, a modification, as requested, to the previously approved clinical privileges is granted with an expiration date of _____ (must coincide with the expiration date of the current staff appointment).

List each specialty core privilege set modified:

List each supplemental privilege modified (use back of page if necessary)

_____ _____ _____

_____ _____ _____

_____ Recommended
_____ Not recommended
_____ See comments below*

_____ Recommended
_____ Not recommended
_____ See comments below*

_____ _____
Department Head Signature | Chair, Credentials Committee Signature

_____ _____
Typed or Printed Name/Date | Typed or Printed Name/Date

_____ Recommended
_____ Not recommended
_____ See comments below*

_____ Recommended
_____ Not recommended
_____ See comments below*

_____ _____
Directorate Signature | Chair, ECOMS/ECODS Committee Signature

_____ _____
Typed or Printed Name/Date | Typed or Printed Name/Date

_____ Approved

_____ Disapproved

_____ See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name/Date

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE
ACTIVE STAFF APPOINTMENT WITH CLINICAL PRIVILEGES ON SUCCESSFUL COMPLETION OF GRADUATE PROFESSIONAL EDUCATION

Based on consideration of _____ (*applicant's name*) verified licensure, education and training, ability to perform, demonstrated current competence in requested privileges as reflected on the attached PAR (Appendix A), and fulfillment of the _____ (department and command's name) appointment and privilege criteria, and active staff appointment with clinical privileges, as requested, is granted with an expiration date of _____ (*not to exceed 2 years from date of approval*).

List each specialty core privilege set requested:

List each supplemental privilege requested (use back of page if necessary)

_____ _____ _____

_____ _____ _____

| | |
|---|---|
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not Recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Department Head Signature | Chair, Credentials Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |
| _____ Recommended | _____ Recommended |
| _____ Not recommended | _____ Not Recommended |
| _____ See comments below* | _____ See comments below* |
| _____ | _____ |
| Directorate Signature | Chair, ECOMS/ECODS Committee Signature |
| _____ | _____ |
| Typed or Printed Name/Date | Typed or Printed Name/Date |

_____ Approved

_____ Disapproved

_____ See comments below*

_____
Privileging Authority Signature

_____
Typed or Printed Name/Date

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

ENDORSEMENT PAGE
TEMPORARY CLINICAL PRIVILEGES WITH OR WITHOUT TEMPORARY MEDICAL STAFF APPOINTMENT

Based on consideration of _____ (applicant's name) verified licensure, and current competence, either written or telephonic with appropriate documentation, temporary clinical privileges with/without temporary medical staff appointment, as requested, is granted with the expiration date of _____ (not to exceed 30 days from date of approval).

Name of Command:_____

List each specialty core privilege set requested:

List each supplemental privilege requested (use back of page if necessary)

_____ _____ _____

_____ _____ _____

_____ Recommended _____ Approved
_____ Not recommended _____ Disapproved
_____ See comments below* _____ See comments below*

_____ _____
Department Head Signature Privileging Authority Signature

_____ _____
Typed or Printed Name/Date Typed or Printed Name/Date

* Comments: (Note date and person making comment. Use additional pages as necessary.)

Copy to:
Department Head
Practitioner

# APPENDIX L

THERE IS NO APPENDIX L

# APPENDIX M

THERE IS NO APPENDIX M

# APPENDIX N

## DOD INTER-FACILITY CREDENTIALS TRANSFER AND PRIVILEGING BRIEF (ICTB) ON HEALTH CARE PRACTITIONERS

1. When health care practitioners are assigned duty to a facility other than one under the cognizance of their current privileging authority, that authority must convey pertinent credentials and privileging information to the gaining MTF/DTF. This information is used as a basis for authorizing the practitioner to practice upon arrival at the gaining facility. A sample message used to convey the information is found at the end of this appendix. A speed letter, NAVGRAM, fax, or e-mail may also be used but must follow the format of the sample message.

2. The following instructions are provided to assist in completing the items of information in the ICTB:

a. Paragraph 1. Complete name, grade (or rating if civil service), corps, social security number, designator and clinical specialty.

b. Paragraph 2. List qualifying degree, internship, residency, fellowship, and other qualifying training as appropriate. Include completion date of each degree or training and indicate presence/absence of PSV in the ICF. Annotate all items verified with "(v)" after completion date.

c. Paragraph 3. List all state licenses, registrations and certifications, expiration date and PSV status of each.

d. Paragraph 4. List all applicable specialty/board certifications and re-certifications, expiration date, and PSV status of each.

e. Paragraph 5. List all applicable life-support training (basic cardiac life support (BCLS), advanced cardiac life support (ACLS), advanced trauma life support (ATL)S, pediatric advanced life support (PALS), Neonatal Advanced Life Support (NALS)) and readiness training certification, when developed, and expiration date.

f. Paragraph 6. State the type of appointment (initial, active, affiliate) currently held by the health care provider and the expiration date. List privileges granted or summarize privileges and attach current privilege lists.

g. Paragraph 7. List date of most recent NPDB query and indicate absence or presence of information in the report. Indicate if no query was made.

h. Paragraph 8. Provide a statement of the nature or purpose of the temporary assignment and request PARS as appropriate. (Any ICTB equivalent form used by other health care system privileging authorities shall be accepted by the sending or receiving Navy facility.)

i. Paragraph 9. Provide a brief statement from a supervisory individual personally acquainted with the applicant's professional and clinical performance through observation or review to include quality assessment activities describing the applicant’s:

(1) Actual clinical performance with respect to the privileges granted at the sending facility.

(2) Discharge of their professional obligations as a medical staff member.

(3) Ethical performance.

This supervisory individual may be a training program director for new practitioners. The statement may be taken from a current performance evaluation in the provider's ICF; however, the individual making the statement must address whether or not additional relevant information exists pertaining to the above elements and provide a means of direct contact with him/herself (name, title, or position held, telephone number, fax, e-mail address). Relevant information is defined as information that reflects on the current clinical competence of the provider.

j. Paragraph 10. Provide certification that the ICF was reviewed and is accurately reflected in the ICTB as of (annotate the date). This paragraph must contain a statement indicating

the presence or absence of other relevant information in the ICF. Supplemental information accompanying PSV of training and licensure is of particular importance. Examples of other relevant information include, but are not limited to: delays in or extensions in training due to marginal performance, unprofessional conduct during training or in previous practice settings, investigations conducted or limitations imposed by state licensing boards, adverse actions, malpractice, etc.

k. Paragraph 11. Provide the name, title, telephone number, fax number and e-mail address of the designated point of contact at the sending facility.

l. Paragraphs applicable to health care providers from reserve or guard components (as needed):

(1) Provide the current civilian position, place of employment, or facility where privileges are held, and the clinical privileges held by the health care provider.

(2) If the HCP is self-employed, provide the health care provider's office location.

(3) If privileges are held at several facilities, provide the name and address of each location where the majority of the practitioner's practice is conducted, and a list of the clinical privileges held which are applicable to the assignment prompting the use of the ICTB.

(4) Include the address, business telephone, home telephone number, fax, and e-mail address where the practitioner can be reached prior to reporting for the assignment and the name of the MTF/DTF and dates of the last tour of clinical duty.

m. Certifying signature by MTF/DTF commander and date. (Use sample message format [pages N-4 through N-7] as a guide when preparing transfer briefs.)

SAMPLE MESSAGE FORMAT

FROM: SENDING FACILITY/UNIT/LOCATION

TO: GAINING FACILITY/UNIT/LOCATION

INFO: CENTRALIZED CREDENTIALS REVIEW AND PRIVILEGING DETACHMENT (CCPD) FOR RESERVISTS ONLY, HLTHCARE SUPPO JACKSONVILLE, FL

UNCLAS/N06320

SUBJ: DOD INTER-FACILITY CREDENTIALS TRANSFER AND PRIVILEGING BRIEF (ICTB)

A. BUMEDINST 6320.66D

1. CDR JOHN C. DOE, MC, USN, 111-22-3333/2100, GENERAL SURGEON

| 2. EDUCATION/TRAINING | COMPLETION DATE |
|---|---|
| A. DEGREE: MD | 30 JUN 75 (V) |
| B. INTERNSHIP | 30 JUN 76 (V) |
| C. RESIDENCY, GENERAL SURGERY | 25 JUL 82 (V) |
| D. FELLOWSHIP | 01 JAN 90 (V) |
| E. OTHER QUALIFYING TRAINING | (V) |

3. LICENSURE/CERTIFICATION (CURRENT), EXPIRATION DATE, AND REGISTRATION

A. CA 31 DEC 98 (V)

B. MD 15 NOV 98 (V)

4. SPECIALTY BOARD, CERTIFICATION, EXPIRATION DATE, AND RECERTIFICATION

| | |
|---|---|
| A. AMER BD OF SURGERY | 25 JUL 99 (V) |

| 5. CONTINGENCY TRAINING | EXPIRATION DATE |
|---|---|
| A. BCLS | 15 MAR 97 |
| B. ACLS | 30 MAR 97 |
| C. ATLS | 15 APR 96 |
| D. PALS | 23 JUN 96 |
| E. NALS | 18 SEP 97 |

6. CURRENT STAFF APPOINTMENT WITH CLINICAL PRIVILEGES AS NOTED ON THE ICTB AT SENDING FACILITY.

A. PROFESSIONAL STAFF APPOINTMENT EXPIRES: 30 OCT 97

B. CORE PRIVILEGES GRANTED: GENERAL SURGERY

C. SUPPLEMENTAL PRIVILEGES: REPAIR AND RECONSTRUCTION OF VASCULAR ABNORMALITIES, INJURIES, OR DISEASES (INCLUDES PLACEMENT OF VASCULAR GRAFTS AND ARTERIOPLASTIES); ENDOSCOPIC DILATION OR SPHINCTEROTOMY.

7. DATE OF NPDB QUERY: INFORMATION PRESENT OR ABSENT IN DATA BANK.

8. (PROVIDER'S NAME) WILL BE PRACTICING AT YOUR FACILITY ON AN ONGOING BASIS. PLEASE FORWARD A PERFORMANCE APPRAISAL TO THIS COMMAND UPON COMPLETION OF THIS ASSIGNMENT OR BEFORE (DATE), WHICHEVER COMES FIRST.

9. (PROVIDER'S NAME) IS KNOWN TO BE CLINICALLY COMPETENT TO PRACTICE THE FULL SCOPE OF PRIVILEGES GRANTED AT (SENDING FACILITY), TO SATISFACTORILY DISCHARGE HIS/HER PROFESSIONAL OBLIGATIONS, AND TO CONDUCT HIMSELF/HERSELF ETHICALLY, AS ATTESTED BY (NAME, TELEPHONE NUMBER, FAX AND E-MAIL ADDRESS OF THE PROVIDER’S SUPERVISORY INDIVIDUAL (NAME OF PERSON GIVING RECOMMENDATION) HAS OR DOES NOT HAVE ADDITIONAL INFORMATION RELATING TO (PROVIDER'S NAME) COMPETENCE TO PERFORM GRANTED PRIVILEGES. (WHEN ADDITIONAL INFORMATION EXISTS, THE GAINING FACILITY MUST BE INSTRUCTED TO COMMUNICATE WITH THE POINT OF CONTACT FOR THE PURPOSE OF EXCHANGING THE ADDITIONAL INFORMATION).

10. PROVIDER'S ICF AND THE DOCUMENTS CONTAINED THEREIN HAVE BEEN REVIEWED AND VERIFIED AS INDICATED ABOVE. THE INFORMATION CONVEYED IN THIS LETTER/MESSAGE REFLECTS CREDENTIALS STATUS AS OF (DATE). (CHOOSE FROM THE FOLLOWING SENTENCE FORMATS, OR VARIATIONS THEREOF, TO DESCRIBE THE PRESENCE/ABSENCE OF ADDITIONAL INFORMATION IN THE ICF): (1) THE ICF CONTAINS NO

ADDITIONAL INFORMATION RELEVANT TO THE PRIVILEGING OF THE PROVIDER IN THE MTF/DTF, OR (2) THE ICF CONTAINS ADDITIONAL RELEVANT INFORMATION REGARDING STATUS OF CURRENT LICENSE; OR (3) THE ICF CONTAINS ADDITIONAL RELEVANT INFORMATION THAT MAY REFLECT ON THE CURRENT COMPETENCE OF THE PROVIDER. CONTACT THIS COMMAND FOR FURTHER INFORMATION BEFORE TAKING APPOINTING AND PRIVILEGING ACTION.

11. POC: NAME, TITLE, TELEPHONE NUMBER, FAX NUMBER AND E-MAIL ADDRESS.

12. RESERVE OR GUARD HEALTH CARE PROVIDER: (PROVIDER'S NAME) CURRENTLY HOLDS PRIVILEGES IN (SPECIALTY[IES]) AT (HOSPITAL[S] NAME, ADDRESS). PROVIDER MAY BE REACHED AT (OFFICE MAILING ADDRESS, OFFICE TELEPHONE, FAX, AND E-MAIL ADDRESS, HOME TELEPHONE). (ENSURE THIS INFORMATION IS ACCURATE BEFORE SENDING).

13. CERTIFIED BY: (COMMANDER AND DATE)

# APPENDIX O
# SAMPLE FORMAT CREDENTIALS AND PRIVILEGING INQUIRY

6320
(Date)

From: (Privileging Authority and address)

To: Facility holding privileges (Attn: Professional Affairs Office)

Subj: CREDENTIALS/PRIVILEGING INQUIRY REGARDING (practitioner's name, specialty, department, and position)

Encl: (1) Release of Liability Authorization Signed by Practitioner

1. General Information. (Practitioner's name) has authorized in enclosure (1) this inquiry concerning his/her current practice at your facility. Please provide the information requested below and return this letter to the Professional Affairs Coordinator (insert address).

2. Scope of Care

a. A copy of the practitioner's privileges held at your facility.

b. Volume data for past 2 years

(1) ___# of admissions
(2) ___# of outpatient visits
(3) ___# of major or selected procedures
(4) ___# of days unavailable due to TAD, deployment, etc.

3. Current Competence

a. Professional (past 2 years).

(1) Surgical/invasive/noninvasive case reviews.

(2) Blood usage review.

(3) Drug usage review.

(4) Medical record pertinence review.

(5) Medical record peer review.

_____# reviewed _____# deficient

b. Facility-wide monitors (past 2 years) (circle appropriate mark).

(1) Utilization management. Sat Unsat

(2) Infection control. Sat Unsat

(3) Patient contact/satisfaction program. Sat Unsat

(4) Number of liability claims, investigations, and health care reviews in which practitioner was principle focus.

c. Professional development (past 2 years).

(1) ___# of continuing education credit hours.

(2) ___# of papers published and professional presentations.

d. Evaluation (circle appropriate mark).

(1) Basic professional knowledge. Sat Unsat Not Obs

(2) Technical skill and competence. Sat Unsat Not Obs

(3) Professional judgment. Sat Unsat Not Obs

(4) Ethical conduct. Sat Unsat Not Obs

(5) Practitioner-patient relations. Sat Unsat Not Obs

(6) Participation in staff, department and committee meetings. Sat Unsat Not Obs

(7) Ability to work with peers and support staff. Sat Unsat Not Obs

(8) Ability to supervise peers and support staff.

4. Health Status Inquiry. Required modification of practice due to health status (indicate yes or no).

5. Adverse Actions or Trends. If the answer to any of the following is "Yes," pertaining to your facility only, provide full details on a separate sheet of paper and attach to this letter. Identify items by section and letter. To your knowledge, has the practitioner: (indicate yes or no)

___ a. Had privileges adversely denied, suspended, limited or revoked?

___ b. Had privileges nonadversely reduced?

___ c. Required counseling, additional training or special supervision?

___ d. Failed to obtain appropriate consultation?

___ e. Had significant trends (positive or negative) in clinical performance identified through the facility occurrence screening program or other monitors?

6. Summary Recommendation. (Place "X" by appropriate item)

___ a. I recommend this practitioner without reservation for appointment to your professional staff.

___ b. I recommend this practitioner with comments (see additional sheet).

___ c. I do not recommend this practitioner.

7. Point of Contact. Thank you for your objective response to these questions. On a separate sheet of paper, please provide your candid evaluation of this practitioner's clinical competency, as you have observed, and any other comments that will assist in this evaluation. If you have any questions or comments about this inquiry, my point of contact is (name, office address, telephone number, fax and e-mail address) _____.

_____
Signature

# APPENDIX P

THERE IS NO APPENDIX P

# APPENDIX Q

## SAMPLE FORMAT REQUEST TO EXERCISE CLINICAL PRIVILEGES

(Date)

From: Grade/Name/Service/SSN/Designator of Practitioner
To: Privileging authority for gaining command

Subj: REQUEST FOR AUTHORITY TO EXERCISE CLINICAL PRIVILEGES

Ref: (a) BUMEDINST 6320.66D
(b) BUMEDINST 6010.17A

Encl: (1) Credentials and Privileging Information on Health Care Practitioners, Appendix N (ICTB)

1. Per reference (a), and based on the active staff appointment with clinical privileges granted by (holder of ICF) as documented in enclosure (1), I respectfully request authority to exercise my core privileges in (gaining facility) for the period _____ to _____.

2. If granted subject authority, I agree to comply with reference (b) and the policies and procedures of (gaining facility).

_____
Signature

DEPARTMENT HEAD ENDORSEMENT

(Date)

From: Head, (gaining) Department
To: Privileging authority for gaining facility

1. Following review of enclosure (1) and an interview with (practitioner), I recommend he/she be authorized to exercise clinical privileges as requested.

_____
Signature

PRIVILEGING AUTHORITY'S ACTION
(gaining facility)
(Date)

1. Approved _____ Disapproved _____

2. Expiration date: _____

_____
Signature

Copy to:
Department Head
Professional Affairs Coordinator
Chair, Credentials Committee/ECOMS/ECODS

# APPENDIX R
## INDIVIDUAL CREDENTIALS FILE - STRUCTURE AND CONTENTS

1. A six section (Federal Stock Number 7530-00-990-8884) ICF shall be maintained for each health care practitioner including contract or partnership providers from the time of accession or employment throughout the practitioner's tenure with the DON. The ICF in its entirety, folder included, will be forwarded following the procedures listed in section four.

2. The ICF will be structured as follows with each section listed from bottom to top of section:

a. Section I. Background Information (inside front cover)

(1) Photograph. A representative, recent photograph (official Navy photograph, passport or instant photograph), labeled with the practitioner's name and date taken, to be submitted with the initial PPIS. Photograph shall be updated as necessary to enable positive, visual identification of the practitioner.

(2) Appendix J, PPIS. All updates, in chronological order, with the most recent on top.

(3) The computer disk, if used to maintain the PPIS.

(4) Appendix I, PAS.

b. Section II. Current Practice Information

(1) A copy of Appendix N (ICTB), attached to the PAR received upon completion of TAD, for all TAD completed during the current permanent duty assignment shall be inserted in chronological order.

(2) All clinical privileges granted by the current privileging authority. The appropriate privilege sheets, Appendices E through H, the Application for Professional Staff Appointment with Clinical Privileges with endorsements, Appendix K, and any associated PARs (with related JAGMAN summaries attached) shall be stapled together, maintained as a unit, and filed chronologically with the most current on top.

c. Section III. Professional Education and Training

(1) Qualifying degree: evidence of qualifying degrees needed for the performance of clinical privileges, e.g., MD, DO, DDS, DMD, PhD, and MSW. For physician graduates of foreign medical schools, other than approved schools in Canada and Puerto Rico, evidence of passing either the FMGEMS or the examination of the ECFMG constitutes evidence of the qualifying degree. Verification must be attached to the document.

(2) PSV of postgraduate training (e.g., internship, residency, fellowship, nurse anesthesia) in chronological order with the most recent on top. Verification of Navy inservice training program completion is not required if a copy of the training certificate, official letter of program completion, or similar documentation is obtained. Verification of outservice training must be primary source verified, and current competency must be attested to by the Program Director or designee.

(3) National or American specialty board certifications with verification attached. National Board of Medical Examiner certificates are not required in the ICF.

d. Section IV. Licensure and state and national certification. Evidence of all state licenses or certifications (e.g., Council on Certification of Nurse Anesthetists or Certified Registered Nurse Anesthetist, NCCPA for PAs, and ACSW for social workers) held within the last 10 years, in chronological order, with verification attached. Current licenses or certifications shall be on top.

e. Section V. Professional experience. Letters of reference, including responses to credential and privilege inquiries, previous privileges with all associated documents (applications, endorsements, and PARs attached), previous Appendix Ns (with associated PARs attached), and documentation of training specifically supporting the granting of supplemental privileges shall be filed chronologically with the most recent on top.

f. Section VI. Other practice information. All information is to be filed in chronological order with most recent on top.

(1) Documentation of any, military or civilian, adverse privileging actions and reportable misconduct. Disciplinary actions by professional regulatory agencies.

(2) Documentation of all medical malpractice claims, settlements, or judicial or administrative adjudications with a brief description of the facts of each case.

(3) Inquiries with responses to professional clearing houses, as appropriate, e.g., Federation of State Medical Boards and NPDB. For physicians and dentists in the Navy health care system on the effective date of this instruction, reports from the NPDB shall be obtained at intervals not to exceed 2 years.

# APPENDIX S
## INDIVIDUAL PROFESSIONAL FILE - STRUCTURE AND CONTENTS

1. A six section (Federal Stock Number 7530-00-990-8884) individual professional file (IPF) shall be maintained for each naval clinical support staff member including contract or partnership providers from the time of accession or employment throughout the member's tenure with the DON. The IPF in its entirety (folder included) must be established, maintained and transmitted following the procedures listed in section three and paragraphs 3 and 5 of section four.

2. The IPF must be structured as follows with each section listed from bottom to top of section:

a. Section I. Background information (inside front cover).

(1) Photograph. A representative, recent photograph (official Navy photograph, passport or instant photograph), labeled with the provider's name and date taken, to be submitted with the initial PPIS. Photograph shall be updated as necessary to enable positive, visual identification of the practitioner.

(2) Appendix J, PPIS. All updates, in chronological order, with the most recent on top. Nurse specialists may use applicable pages from Appendix J.

(3) The computer disk, if used to maintain the PPIS.

(4) Appendix I, PAS.

b. Section II. Current practice information. All clinical appraisal reports by the current duty station, filed chronologically with the most current on top.

c. Section III. Professional education and training. Qualifying degree: PSV of qualifying degrees (e.g., BS, BSN, and diploma from a nursing education program). PSV of postgraduate training in chronological order with the most recent on top.

d. Section IV. Licensure and certification. Evidence of all state licenses or state certifications (e.g., registered nurse) with verification attached held within the last 10 years, in chronological order. When certification is required, instead

of a license, verification is required. Clinical support staff nursing certifications that are not equivalent to licensure, do not have to be independently verified. Current licenses or certifications shall be on top.

e. Section V. Professional experience. Letters of reference, including responses to inquiries and previous clinical appraisal reports, shall be filed chronologically with the most recent on top.

f. Section VI. Other practice information. All information shall be filed in chronological order with most recent on top.

(1) Documentation of any military or civilian adverse clinical actions or reportable misconduct. Disciplinary actions by professional regulatory agencies.

(2) Documentation of all medical malpractice claims, settlements, or judicial or administrative adjudications with a brief description of the facts of each case.

(3) Inquiries with responses to professional regulatory agencies.